

PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
9,800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	7,489	225,954	\$ 3,451,242.56	\$ 15.27	23.057	\$ 460.84	\$ 352.17		
@PHYSICIANS SERVICES	1,348	3,911	\$ 63,582.65	\$ 16.26	.399	\$ 47.17	\$ 6.49		
OUTPATIENT VISITS	170	212	6,301.59	29.72	.022	37.07	.64		
OFFICE VISITS	161	201	5,529.26	27.51	.021	34.34	.56		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	12	11	772.33	70.21	.001	64.36	.08		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	16	35	1,088.31	31.09	.004	68.02	.11		
HOSPITAL VISITS	15	34	1,088.31	32.01	.003	72.55	.11		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	1	1	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	7	7	266.84	38.12	.001	38.12	.03		
EXAMINATIONS	7	7	266.84	38.12	.001	38.12	.03		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	3	3	127.35	42.45	.000	42.45	.01		
PRINCIPAL SURGEON	3	3	127.35	42.45	.000	42.45	.01		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	19	31	2,595.32	83.72	.003	136.60	.26		
PRINCIPAL SURGEON	17	22	2,254.04	102.46	.002	132.59	.23		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	3	9	341.28	37.92	.001	113.76	.03		
DIALYSIS	5	14	2,108.46	150.60	.001	421.69	.22		
PATHOLOGY	28	46	599.91	13.04	.005	21.43	.06		
RADIOLOGY	63	96	6,813.93	70.98	.010	108.16	.70		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	7	9	127.87	14.21	.001	18.27	.01		
OTHER SERVICES/ALL X-OVERS	1,168	3,458	43,553.07	12.59	.353	37.29	4.44		
@PHARMACY	6,663	121,065	\$ 1,784,543.72	\$ 14.74	12.354	\$ 267.83	\$ 182.10		
PRESCRIPTION DRUGS	6,527	25,492	1,726,840.98	67.74	2.601	264.57	176.21		
SNF/ICF	288	1,755	101,033.29	57.57	.179	350.81	10.31		
OUTPATIENTS	6,270	23,737	1,625,807.69	68.49	2.422	259.30	165.90		
MEDICAL SUPPLIES	734	95,573	57,702.74	.60	9.752	78.61	5.89		
@DENTIST	322	1,184	\$ 61,073.70	\$ 51.58	.121	\$ 189.67	\$ 6.23		
VISITS - DIAGNOSTIC	192	706	8,945.05	12.67	.072	46.59	.91		
ORAL SURGERY	44	115	5,315.55	46.22	.012	120.81	.54		
DRUGS	1	1	25.00	25.00	.000	25.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	18	19	2,030.10	106.85	.002	112.78	.21		
ENDODONTICS	14	20	4,754.25	237.71	.002	339.59	.49		
RESTORATIVE DENTISTRY	59	155	10,546.25	68.04	.016	178.75	1.08		
PROSTHETICS	7	7	230.00	32.86	.001	32.86	.02		
DENTURES, STAYPLATES	87	150	29,227.50	194.85	.015	335.95	2.98		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	9	11	.00	.00	.001	.00	.00		



PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT AGED				AID CODE 10	----- MONTHLY AVERAGE -----			
9,800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	212	539	\$ 11,508.20	\$ 21.35	.055	\$ 54.28	\$ 1.17		
DIAGNOSTIC AND ANC. PROCED	35	36	1,513.65	42.05	.004	43.25	.15		
EYE APPLIANCES	145	416	7,623.33	18.33	.042	52.57	.78		
OTHER OPTOMETRIC SERVICES	53	87	2,371.22	27.26	.009	44.74	.24		
@CHIROPRACITOR	3	7	\$ 108.68	\$ 15.53	.001	\$ 36.23	\$ .01		
VISITS	2	6	91.96	15.33	.001	45.98	.01		
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00		
@PODIATRIST	148	204	\$ 1,512.21	\$ 7.41	.021	\$ 10.22	\$ .15		
MEDICINE/INJECTIONS	5	6	144.00	24.00	.001	28.80	.01		
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	143	197	1,349.21	6.85	.020	9.44	.14		
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000	\$ 74.86	\$ .01		
NURSE ANESTHESIST	3	34	\$ 97.26	\$ 2.86	.003	\$ 32.42	\$ .01		
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
FAMILY NURSE PRACTITIONER	2	6	\$ 91.26	\$ 15.21	.001	\$ 45.63	\$ .01		
@TOTAL HOSPITAL	469	3,714	\$ 292,168.92	\$ 78.67	.379	\$ 622.96	\$ 29.81		
HOSP INPATIENT TOTAL	85	149	234,555.80	1574.20	.015	2759.48	23.93		
HSC HOSPITALS	31	115	121,100.68	1053.05	.012	3906.47	12.36		
NON-HSC HOSPITAL TOTAL	4	34	76,099.80	2238.23	.003	19024.95	7.77		
ACCOMMODATIONS	4	34	23,814.03	700.41	.003	5953.51	2.43		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	4	34	23,814.03	700.41	.003	5953.51	2.43		
ANCILLARIES	4	0	52,285.77	.00	.000	13071.44	5.34		
INPATIENT CROSSOVERS	50	0	37,355.32	.00	.000	747.11	3.81		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	391	3,565	57,613.12	16.16	.364	147.35	5.88		
MEDICAL	6	8	275.39	34.42	.001	45.90	.03		
SURGERY	1	1	70.59	70.59	.000	70.59	.01		
PATHOLOGY	29	141	1,293.14	9.17	.014	44.59	.13		
RADIOLOGY	13	27	2,732.67	101.21	.003	210.21	.28		
ROOM USE	9	9	466.94	51.88	.001	51.88	.05		
CROSSOVERS/ALL OTH OUTPTNT	356	3,379	52,774.39	15.62	.345	148.24	5.39		
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
MEDICAL	0	0	.00	.00	.000	.00	.00		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		



RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,603

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - AGED      AID CODE 10

9,800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	469	3,714	\$ 292,168.92	\$ 78.67	.379	\$ 622.96	\$ 29.81
COMM HOSP INPATIENT TOTAL	85	149	234,555.80	1574.20	.015	2759.48	23.93
HSC HOSPITALS	31	115	121,100.68	1053.05	.012	3906.47	12.36
NON-HSC HOSPITALS TOTAL	4	34	76,099.80	2238.23	.003	19024.95	7.77
ACCOMMODATIONS	4	34	23,814.03	700.41	.003	5953.51	2.43
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	34	23,814.03	700.41	.003	5953.51	2.43
ANCILLARIES	4	0	52,285.77	.00	.000	13071.44	5.34
INPATIENT CROSSOVERS	50	0	37,355.32	.00	.000	747.11	3.81
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	391	3,565	57,613.12	16.16	.364	147.35	5.88
MEDICAL	6	8	275.39	34.42	.001	45.90	.03
SURGERY	1	1	70.59	70.59	.000	70.59	.01
PATHOLOGY	29	141	1,293.14	9.17	.014	44.59	.13
RADIOLOGY	13	27	2,732.67	101.21	.003	210.21	.28
ROOM USE	9	9	466.94	51.88	.001	51.88	.05
CROSSOVERS/ALL OTH OUTPTNT	356	3,379	52,774.39	15.62	.345	148.24	5.39
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	262	6,879	\$ 895,003.86	\$ 130.11	.702	\$ 3416.05	\$ 91.33
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	262	6,879	895,003.86	130.11	.702	3416.05	91.33
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	589	\$ 24,801.66	\$ 42.11	.060	\$ 1771.55	\$ 2.53
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	589	24,801.66	42.11	.060	1771.55	2.53
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	80	297	\$ 3,192.94	\$ 10.75	.030	\$ 39.91	\$ .33
PATHOLOGY	72	274	2,963.11	10.81	.028	41.15	.30
XO AND OTHERS	8	23	229.83	9.99	.002	28.73	.02
@ORGANIZED OUTPATIENT CLINIC	287	426	\$ 45,676.45	\$ 107.22	.043	\$ 159.15	\$ 4.66
CLINIC	4	8	486.41	60.80	.001	121.60	.05
SURGICENTER	28	51	6,065.29	118.93	.005	216.62	.62
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	257	367	39,124.75	106.61	.037	152.24	3.99

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,604



9,800 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,127	87,098	\$ 267,806.19	\$ 3.07	8.888	\$ 237.63	\$ 27.33
DURABLE MED. EQUIP.	30	47	8,120.83	172.78	.005	270.69	.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	14	5,060.16	361.44	.001	460.01	.52
MEDICAL TRANSPORTATION	87	1,834	6,725.93	3.67	.187	77.31	.69
AMBULANCES/AIR TRANS	8	48	880.13	18.34	.005	110.02	.09
OTHER TRANS	70	1,681	5,652.58	3.36	.172	80.75	.58
OTHER SERVICES	11	105	193.22	1.84	.011	17.57	.02
ACUPUNCTURE	6	33	529.85	16.06	.003	88.31	.05
ADULT DAY HEALTH CARE CTR	145	1,955	135,979.34	69.55	.199	937.79	13.88
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	74	348	26,314.48	75.62	.036	355.60	2.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	186	427	5,208.68	12.20	.044	28.00	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	19	32	33.01	1.03	.003	1.74	.00
PROSTHETIST/ORTHOTISTS	3	4	88.63	22.16	.000	29.54	.01
PROSTHETICS	3	4	88.63	22.16	.000	29.54	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	59.71	29.86	.000	59.71	.01
SPEECH AND AUDIOLOGY	35	66	4,173.80	63.24	.007	119.25	.43
HOSPICE SERVICES	10	408	50,195.79	123.03	.042	5019.58	5.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	612	81,928	25,315.98	.31	8.360	41.37	2.58
@CALIF. CHILDREN SERVICES*	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$ .01
@XOVER EXCLUDING STATE HOSP**	2,104	14,548	\$ 238,588.34	\$ 16.40	1.484	\$ 113.40	\$ 24.35

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,605

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

1,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	970	77,411	\$ 861,658.45	\$ 11.13	61.830	\$ 888.31	\$ 688.23
@PHYSICIANS SERVICES	295	710	\$ 23,832.14	\$ 33.57	.567	\$ 80.79	\$ 19.04
OUTPATIENT VISITS	97	135	4,899.28	36.29	.108	50.51	3.91
OFFICE VISITS	78	104	3,405.33	32.74	.083	43.66	2.72
HOME VISITS	2	2	74.84	37.42	.002	37.42	.06
EMERGENCY ROOM	15	20	1,184.78	59.24	.016	78.99	.95
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9	234.33	26.04	.007	26.04	.19
INPATIENT VISITS	19	48	1,694.50	35.30	.038	89.18	1.35
HOSPITAL VISITS	4	26	1,065.80	40.99	.021	266.45	.85
CRITICAL CARE	0	0	.00	.00	.000	.00	.00



SNF/ICF/TRANS IP CARE	17	22	628.70	28.58	.018	36.98	.50
OPHTHALMOLOGICAL SERVICES	17	21	863.61	41.12	.017	50.80	.69
EXAMINATIONS	17	21	863.61	41.12	.017	50.80	.69
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	75.58	75.58	.001	75.58	.06
PRINCIPAL SURGEON	1	1	75.58	75.58	.001	75.58	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	15	26	5,090.31	195.78	.021	339.35	4.07
PRINCIPAL SURGEON	13	16	4,646.49	290.41	.013	357.42	3.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	10	443.82	44.38	.008	110.96	.35
DIALYSIS	1	2	450.08	225.04	.002	450.08	.36
PATHOLOGY	6	8	45.58	5.70	.006	7.60	.04
RADIOLOGY	42	61	3,835.06	62.87	.049	91.31	3.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	10	233.25	23.33	.008	33.32	.19
OTHER SERVICES/ALL X-OVERS	143	398	6,644.89	16.70	.318	46.47	5.31
@PHARMACY	804	31,910	\$ 334,232.75	\$ 10.47	25.487	\$ 415.71	\$ 266.96
PRESCRIPTION DRUGS	781	3,269	312,756.46	95.67	2.611	400.46	249.81
SNF/ICF	60	448	35,490.85	79.22	.358	591.51	28.35
OUTPATIENTS	727	2,821	277,265.61	98.29	2.253	381.38	221.46
MEDICAL SUPPLIES	170	28,641	21,476.29	.75	22.876	126.33	17.15
@DENTIST	55	250	\$ 9,580.75	\$ 38.32	.200	\$ 174.20	\$ 7.65
VISITS - DIAGNOSTIC	32	129	1,512.75	11.73	.103	47.27	1.21
ORAL SURGERY	8	25	892.00	35.68	.020	111.50	.71
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	354.00	88.50	.003	118.00	.28
ENDODONTICS	4	7	1,165.00	166.43	.006	291.25	.93
RESTORATIVE DENTISTRY	17	36	3,132.00	87.00	.029	184.24	2.50
PROSTHETICS	2	2	.00	.00	.002	.00	.00



DENTURES, STAYPLATES	5	47	2,525.00	53.72	.038	505.00	2.02
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,606  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

1,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	66	\$ 4,753.76	\$ 72.03	.053	\$ 169.78	\$ 3.80
DIAGNOSTIC AND ANC. PROCED	10	10	537.61	53.76	.008	53.76	.43
EYE APPLIANCES	18	52	4,072.21	78.31	.042	226.23	3.25
OTHER OPTOMETRIC SERVICES	5	4	143.94	35.99	.003	28.79	.11
@CHIROPRACITOR	2	4	\$ 54.34	\$ 13.59	.003	\$ 27.17	\$ .04
VISITS	2	4	54.34	13.59	.003	27.17	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	20	\$ 269.02	\$ 13.45	.016	\$ 14.16	\$ .21
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	20	269.02	13.45	.016	14.16	.21
@HOME HEALTH AGENCY	10	1,419	\$ 42,233.42	\$ 29.76	1.133	\$ 4223.34	\$ 33.73
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	111	822	\$ 124,749.76	\$ 151.76	.657	\$ 1123.87	\$ 99.64
HOSP INPATIENT TOTAL	18	73	111,503.69	1527.45	.058	6194.65	89.06
HSC HOSPITALS	7	49	58,844.19	1200.90	.039	8406.31	47.00
NON-HSC HOSPITAL TOTAL	2	24	44,639.84	1859.99	.019	22319.92	35.65
ACCOMMODATIONS	2	24	14,326.10	596.92	.019	7163.05	11.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	14,326.10	596.92	.019	7163.05	11.44
ANCILLARIES	2	0	30,313.74	.00	.000	15156.87	24.21
INPATIENT CROSSOVERS	9	0	8,019.66	.00	.000	891.07	6.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	95	749	13,246.07	17.69	.598	139.43	10.58
MEDICAL	10	13	410.53	31.58	.010	41.05	.33
SURGERY	8	9	508.04	56.45	.007	63.51	.41
PATHOLOGY	33	158	1,604.35	10.15	.126	48.62	1.28
RADIOLOGY	13	17	1,344.64	79.10	.014	103.43	1.07
ROOM USE	28	35	1,403.29	40.09	.028	50.12	1.12
CROSSOVERS/ALL OTH OUTPTNT	57	517	7,975.22	15.43	.413	139.92	6.37
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

	1,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111		822	\$ 124,749.76	\$ 151.76	.657	\$ 1123.87	\$ 99.64
COMM HOSP INPATIENT TOTAL	18		73	111,503.69	1527.45	.058	6194.65	89.06
HSC HOSPITALS	7		49	58,844.19	1200.90	.039	8406.31	47.00
NON-HSC HOSPITALS TOTAL	2		24	44,639.84	1859.99	.019	22319.92	35.65
ACCOMMODATIONS	2		24	14,326.10	596.92	.019	7163.05	11.44
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2		24	14,326.10	596.92	.019	7163.05	11.44
ANCILLARIES	2		0	30,313.74	.00	.000	15156.87	24.21
INPATIENT CROSSOVERS	9		0	8,019.66	.00	.000	891.07	6.41
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	95		749	13,246.07	17.69	.598	139.43	10.58
MEDICAL	10		13	410.53	31.58	.010	41.05	.33
SURGERY	8		9	508.04	56.45	.007	63.51	.41
PATHOLOGY	33		158	1,604.35	10.15	.126	48.62	1.28
RADIOLOGY	13		17	1,344.64	79.10	.014	103.43	1.07
ROOM USE	28		35	1,403.29	40.09	.028	50.12	1.12
CROSSOVERS/ALL OTH OUTPTNT	57		517	7,975.22	15.43	.413	139.92	6.37
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	53		1,334	\$ 171,356.87	\$ 128.45	1.065	\$ 3233.15	\$ 136.87
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	53		1,334	171,356.87	128.45	1.065	3233.15	136.87
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	49		194	\$ 29,437.36	\$ 151.74	.155	\$ 600.76	\$ 23.51
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	49		194	29,437.36	151.74	.155	600.76	23.51
@REHABILITATION FACILITY	2		2	\$ 68.42	\$ 34.21	.002	\$ 34.21	\$ .05
HOSPITAL BASED	1		1	47.23	47.23	.001	47.23	.04
INDEPENDENT FACILITY	1		1	21.19	21.19	.001	21.19	.02
@LABORATORY FACILITY	57		233	\$ 3,617.05	\$ 15.52	.186	\$ 63.46	\$ 2.89
PATHOLOGY	57		233	3,617.05	15.52	.186	63.46	2.89
XO AND OTHERS	0		0	.00	.00	.000	.00	.00



@ORGANIZED OUTPATIENT CLINIC	101	170	\$	21,933.97	\$	129.02	.136	\$	217.17	\$	17.52
CLINIC	9	20		985.71		49.29	.016		109.52		.79
SURGICENTER	5	25		1,578.36		63.13	.020		315.67		1.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	88	125		19,369.90		154.96	.100		220.11		15.47

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PLACER COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

1,252 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	201	40,277	\$ 95,538.84	\$ 2.37	32.170	\$ 475.32	\$ 76.31
DURABLE MED. EQUIP.	19	69	10,035.66	145.44	.055	528.19	8.02
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	50.00	25.00	.002	25.00	.04
MEDICAL TRANSPORTATION	71	12,392	40,472.43	3.27	9.898	570.03	32.33
AMBULANCES/AIR TRANS	16	85	2,076.78	24.43	.068	129.80	1.66
OTHER TRANS	57	12,300	38,379.21	3.12	9.824	673.32	30.65
OTHER SERVICES	1	7	16.44	2.35	.006	16.44	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	159	10,976.27	69.03	.127	1568.04	8.77
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	22	3,134.60	142.48	.018	522.43	2.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	40	755.46	18.89	.032	47.22	.60
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	111.97	9.33	.010	16.00	.09
PROSTHETIST/ORTHOTISTS	4	21	3,130.71	149.08	.017	782.68	2.50
PROSTHETICS	4	21	3,130.71	149.08	.017	782.68	2.50
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	40	1,542.70	38.57	.032	154.27	1.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	46	4,049	14,556.51	3.60	3.234	316.45	11.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	23,471	10,772.53	.46	18.747	199.49	8.60
@CALIF. CHILDREN SERVICES*	33	4,600	\$ 45,350.24	\$ 9.86	3.674	\$ 1374.25	\$ 36.22
@XOVER EXCLUDING STATE HOSP**	207	1,594	\$ 60,491.99	\$ 37.95	1.273	\$ 292.23	\$ 48.32

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,609
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

45,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	36,218	929,566	\$ 26,318,545.15	\$ 28.31	20.278	\$ 726.67	\$ 574.14
@PHYSICIANS SERVICES	10,973	35,318	\$ 1,397,303.46	\$ 39.56	.770	\$ 127.34	\$ 30.48
OUTPATIENT VISITS	6,107	9,012	336,900.65	37.38	.197	55.17	7.35
OFFICE VISITS	4,427	6,192	195,005.13	31.49	.135	44.05	4.25
HOME VISITS	105	116	4,207.80	36.27	.003	40.07	.09
EMERGENCY ROOM	1,478	1,839	113,405.93	61.67	.040	76.73	2.47



PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	30	56	3,563.89	63.64	.001	118.80	.08
OTHER OUTPATIENT	668	808	20,663.07	25.57	.018	30.93	.45
INPATIENT VISITS	648	2,580	128,285.93	49.72	.056	197.97	2.80
HOSPITAL VISITS	530	2,241	101,456.07	45.27	.049	191.43	2.21
CRITICAL CARE	41	149	20,420.16	137.05	.003	498.05	.45
SNF/ICF/TRANS IP CARE	123	190	6,409.70	33.74	.004	52.11	.14
OPHTHALMOLOGICAL SERVICES	150	194	7,424.92	38.27	.004	49.50	.16
EXAMINATIONS	148	191	7,334.34	38.40	.004	49.56	.16
SERVICES AND MATERIALS	3	3	90.58	30.19	.000	30.19	.00
INPATIENT HOSPITAL SURGERY	262	1,663	166,126.40	99.90	.036	634.07	3.62
PRINCIPAL SURGEON	186	289	127,535.25	441.30	.006	685.67	2.78
ASSISTANT SURGEON	30	29	6,693.47	230.81	.001	223.12	.15
ANESTHESIOLOGIST	109	1,345	31,897.68	23.72	.029	292.64	.70
OUTPATIENT SURGERY	819	1,842	154,916.88	84.10	.040	189.15	3.38
PRINCIPAL SURGEON	695	887	127,333.19	143.55	.019	183.21	2.78
ASSISTANT SURGEON	11	12	1,394.49	116.21	.000	126.77	.03
ANESTHESIOLOGIST	178	943	26,189.20	27.77	.021	147.13	.57
DIALYSIS	60	179	15,836.81	88.47	.004	263.95	.35
PATHOLOGY	627	1,124	18,800.04	16.73	.025	29.98	.41
RADIOLOGY	2,423	4,690	270,280.81	57.63	.102	111.55	5.90
PSYCHIATRY	89	102	3,449.30	33.82	.002	38.76	.08
IMMUNIZATION AND INJECTION	353	1,606	44,615.33	27.78	.035	126.39	.97
OTHER SERVICES/ALL X-OVERS	4,323	12,326	250,666.39	20.34	.269	57.98	5.47
@PHARMACY	29,745	506,769	\$ 14,262,152.97	\$ 28.14	11.055	\$ 479.48	\$ 311.13
PRESCRIPTION DRUGS	29,359	131,394	13,031,375.25	99.18	2.866	443.86	284.28
SNF/ICF	861	7,739	512,614.75	66.24	.169	595.37	11.18
OUTPATIENTS	28,704	123,655	12,518,760.50	101.24	2.698	436.13	273.10
MEDICAL SUPPLIES	2,581	375,375	1,230,777.72	3.28	8.189	476.86	26.85
@DENTIST	2,436	10,436	\$ 399,939.53	\$ 38.32	.228	\$ 164.18	\$ 8.72
VISITS - DIAGNOSTIC	1,622	6,596	89,656.20	13.59	.144	55.28	1.96
ORAL SURGERY	419	984	49,837.85	50.65	.021	118.94	1.09
DRUGS	18	18	375.00	20.83	.000	20.83	.01
ANESTHESIA	4	4	300.00	75.00	.000	75.00	.01
PERIODONTICS	111	128	13,512.00	105.56	.003	121.73	.29
ENDODONTICS	174	248	59,358.50	239.35	.005	341.14	1.29
RESTORATIVE DENTISTRY	696	1,619	110,376.40	68.18	.035	158.59	2.41
PROSTHETICS	25	27	770.00	28.52	.001	30.80	.02
DENTURES, STAYPLATES	240	720	74,796.50	103.88	.016	311.65	1.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	17	17	770.00	45.29	.000	45.29	.02
ALL OTHER SERVICES	70	74	75.00	1.01	.002	1.07	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - DISABLED      AID CODE 60

45,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,008	2,780	\$ 58,515.66	\$ 21.05	.061	\$ 58.05	\$ 1.28
DIAGNOSTIC AND ANC. PROCED	460	479	19,774.86	41.28	.010	42.99	.43
EYE APPLIANCES	728	2,091	33,818.38	16.17	.046	46.45	.74
OTHER OPTOMETRIC SERVICES	130	210	4,922.42	23.44	.005	37.86	.11
@CHIROPRACTOR	175	307	\$ 5,073.43	\$ 16.53	.007	\$ 28.99	\$ .11
VISITS	169	300	4,990.92	16.64	.007	29.53	.11



OTHER SERVICES	6	7		82.51	11.79	.000	13.75		.00
@PODIATRIST	410	674	\$	12,699.79	\$ 18.84	.015	\$ 30.98	\$	.28
MEDICINE/INJECTIONS	143	160		5,048.72	31.55	.003	35.31		.11
SURGERY/ANES.	9	13		2,169.08	166.85	.000	241.01		.05
RADIO./PATHOLOGY	3	4		70.92	17.73	.000	23.64		.00
OTHER	265	497		5,411.07	10.89	.011	20.42		.12
@HOME HEALTH AGENCY	171	4,642	\$	185,962.42	\$ 40.06	.101	\$ 1087.50	\$	4.06
NURSE ANESTHESIST	7	101	\$	314.77	\$ 3.12	.002	\$ 44.97	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	44	108	\$	2,651.38	\$ 24.55	.002	\$ 60.26	\$	.06
@TOTAL HOSPITAL	5,447	37,466	\$	4,373,116.53	\$ 116.72	.817	\$ 802.85	\$	95.40
HOSP INPATIENT TOTAL	546	2,261		3,489,828.99	1543.49	.049	6391.63		76.13
HSC HOSPITALS	268	1,555		2,072,088.78	1332.53	.034	7731.67		45.20
NON-HSC HOSPITAL TOTAL	136	706		1,231,349.52	1744.12	.015	9054.04		26.86
ACCOMMODATIONS	136	706		414,247.60	586.75	.015	3045.94		9.04
ADMINISTRATIVE DAYS	1	13		3,006.90	231.30	.000	3006.90		.07
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	135	693		411,240.70	593.42	.015	3046.23		8.97
ANCILLARIES	136	0		817,101.92	.00	.000	6008.10		17.83
INPATIENT CROSSEOVERS	153	0		186,390.69	.00	.000	1218.24		4.07
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5,080	35,205		883,287.54	25.09	.768	173.88		19.27
MEDICAL	910	1,474		64,407.36	43.70	.032	70.78		1.41
SURGERY	402	455		18,247.47	40.10	.010	45.39		.40
PATHOLOGY	1,909	11,273		111,690.94	9.91	.246	58.51		2.44
RADIOLOGY	1,137	1,767		152,648.03	86.39	.039	134.26		3.33
ROOM USE	2,451	3,554		131,175.40	36.91	.078	53.52		2.86
CROSSEOVERS/ALL OTH OUTPTNT	2,645	16,682		405,118.34	24.28	.364	153.16		8.84
@COUNTY HOSPITAL TOTAL	36	193	\$	66,521.85	\$ 344.67	.004	\$ 1847.83	\$	1.45
CO HOSPITAL INPATIENT TOTAL	5	86		63,425.56	737.51	.002	12685.11		1.38
HSC HOSPITALS	1	6		8,112.00	1352.00	.000	8112.00		.18



NON-HSC HOSPITALS TOTAL	4	80	55,313.56	691.42	.002	13828.39	1.21
ACCOMMODATIONS	4	80	18,504.00	231.30	.002	4626.00	.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	80	18,504.00	231.30	.002	4626.00	.40
ANCILLARIES	4	0	36,809.56	.00	.000	9202.39	.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	31	107	3,096.29	28.94	.002	99.88	.07
MEDICAL	17	27	925.69	34.28	.001	54.45	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	38	516.50	13.59	.001	64.56	.01
RADIOLOGY	1	1	138.67	138.67	.000	138.67	.00
ROOM USE	18	27	954.79	35.36	.001	53.04	.02
CROSSOVERS/ALL OTH OUTPTNT	8	14	560.64	40.05	.000	70.08	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,611
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

		----- MONTHLY AVERAGE -----						
45,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,413	37,273	\$ 4,306,594.68	\$ 115.54	.813	\$ 795.60	\$ 93.95	
COMM HOSP INPATIENT TOTAL	541	2,175	3,426,403.43	1575.36	.047	6333.46	74.75	
HSC HOSPITALS	267	1,549	2,063,976.78	1332.46	.034	7730.25	45.03	
NON-HSC HOSPITALS TOTAL	132	626	1,176,035.96	1878.65	.014	8909.36	25.66	
ACCOMMODATIONS	132	626	395,743.60	632.18	.014	2998.06	8.63	
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.07	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	131	613	392,736.70	640.68	.013	2997.99	8.57	
ANCILLARIES	132	0	780,292.36	.00	.000	5911.31	17.02	
INPATIENT CROSSOVERS	153	0	186,390.69	.00	.000	1218.24	4.07	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,051	35,098	880,191.25	25.08	.766	174.26	19.20	
MEDICAL	893	1,447	63,481.67	43.87	.032	71.09	1.38	
SURGERY	402	455	18,247.47	40.10	.010	45.39	.40	
PATHOLOGY	1,901	11,235	111,174.44	9.90	.245	58.48	2.43	
RADIOLOGY	1,136	1,766	152,509.36	86.36	.039	134.25	3.33	
ROOM USE	2,434	3,527	130,220.61	36.92	.077	53.50	2.84	
CROSSOVERS/ALL OTH OUTPTNT	2,637	16,668	404,557.70	24.27	.364	153.42	8.83	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	386	10,838	\$ 1,398,758.69	\$ 129.06	.236	\$ 3623.73	\$ 30.51	
LEV A-INTERMEDIATE	2	26	1,741.19	66.97	.001	870.60	.04	
LEV B-REHAB MD	1	17	2,130.44	125.32	.000	2130.44	.05	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	383	10,795	1,394,887.06	129.22	.235	3642.00	30.43	
@INTERMEDIATE CARE FACIL.-DD	164	5,026	\$ 981,712.23	\$ 195.33	.110	\$ 5986.05	\$ 21.42	
ICF DDH	53	1,597	270,419.06	169.33	.035	5102.25	5.90	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	111	3,429	711,293.17	207.43	.075	6408.05	15.52	
@HEMODIALYSIS TOTAL	212	5,491	\$ 260,733.88	\$ 47.48	.120	\$ 1229.88	\$ 5.69	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	212	5,491	260,733.88	47.48	.120	1229.88	5.69	



45,840 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	5,789	292,829	\$ 1,820,750.31	\$ 6.22	6.388	\$ 314.52	\$ 39.72
DURABLE MED. EQUIP.	530	2,171	286,367.39	131.91	.047	540.32	6.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	27	32	5,886.16	183.94	.001	218.01	.13
MEDICAL TRANSPORTATION	974	47,113	224,611.40	4.77	1.028	230.61	4.90
AMBULANCES/AIR TRANS	596	4,875	90,944.22	18.66	.106	152.59	1.98
OTHER TRANS	379	42,088	122,360.37	2.91	.918	322.85	2.67
OTHER SERVICES	45	150	11,306.81	75.38	.003	251.26	.25
ACUPUNCTURE	16	39	708.25	18.16	.001	44.27	.02
ADULT DAY HEALTH CARE CTR	552	9,258	643,067.42	69.46	.202	1164.98	14.03
GENETIC DISEASE TESTING	6	6	630.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	99	3,854	139,009.63	36.07	.084	1404.14	3.03
OCCUPATIONAL THERAPIST	20	353	1,764.68	5.00	.008	88.23	.04
OPTICIAN	782	1,723	18,366.96	10.66	.038	23.49	.40
PHYSICAL THERAPIST	1	16	209.39	13.09	.000	209.39	.00
PORTABLE X-RAY	40	71	876.48	12.34	.002	21.91	.02
PROSTHETIST/ORTHOTISTS	71	185	26,932.73	145.58	.004	379.33	.59
PROSTHETICS	71	185	26,932.73	145.58	.004	379.33	.59
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	21	32	690.02	21.56	.001	32.86	.02
SPEECH AND AUDIOLOGY	826	3,597	153,241.38	42.60	.078	185.52	3.34
HOSPICE SERVICES	24	462	58,704.53	127.07	.010	2446.02	1.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	780	35,035	142,669.22	4.07	.764	182.91	3.11
EPSDT SUPPLEMENTAL SERVICE	8	683	20,087.03	29.41	.015	2510.88	.44
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,513	188,199	96,927.64	.52	4.106	64.06	2.11
@CALIF. CHILDREN SERVICES*	632	29,369	\$ 1,587,709.42	\$ 54.06	.641	\$ 2512.20	\$ 34.64
@XOVER EXCLUDING STATE HOSP**	4,835	34,594	\$ 624,831.61	\$ 18.06	.755	\$ 129.23	\$ 13.63

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,613

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G



@TOTAL, ALL PROVIDERS	19,803	84,413	\$	4,336,657.13	\$	51.37	2.108	\$	218.99	\$	108.28
@PHYSICIANS SERVICES	8,971	19,244	\$	800,276.39	\$	41.59	.480	\$	89.21	\$	19.98
OUTPATIENT VISITS	7,400	9,821		350,362.71		35.67	.245		47.35		8.75
OFFICE VISITS	5,354	6,769		216,655.54		32.01	.169		40.47		5.41
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1,568	1,813		91,240.37		50.33	.045		58.19		2.28
PREVENTIVE CARE	7	7		348.96		49.85	.000		49.85		.01
OB VISITS/COMPRE PERI	174	296		20,010.57		67.60	.007		115.00		.50
OTHER OUTPATIENT	856	936		22,107.27		23.62	.023		25.83		.55
INPATIENT VISITS	227	682		46,468.17		68.14	.017		204.71		1.16
HOSPITAL VISITS	218	516		25,161.22		48.76	.013		115.42		.63
CRITICAL CARE	21	166		21,306.95		128.36	.004		1014.62		.53
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	68	93		3,660.62		39.36	.002		53.83		.09
EXAMINATIONS	67	92		3,640.62		39.57	.002		54.34		.09
SERVICES AND MATERIALS	1	1		20.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	232	1,019		139,821.79		137.21	.025		602.68		3.49
PRINCIPAL SURGEON	151	189		113,173.66		598.80	.005		749.49		2.83
ASSISTANT SURGEON	35	32		5,421.73		169.43	.001		154.91		.14
ANESTHESIOLOGIST	98	798		21,226.40		26.60	.020		216.60		.53
OUTPATIENT SURGERY	599	1,165		85,227.86		73.16	.029		142.28		2.13
PRINCIPAL SURGEON	518	669		70,497.85		105.38	.017		136.10		1.76
ASSISTANT SURGEON	6	6		544.31		90.72	.000		90.72		.01
ANESTHESIOLOGIST	118	490		14,185.70		28.95	.012		120.22		.35
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	800	1,041		13,903.98		13.36	.026		17.38		.35
RADIOLOGY	1,498	2,116		94,316.24		44.57	.053		62.96		2.35
PSYCHIATRY	66	73		2,407.54		32.98	.002		36.48		.06
IMMUNIZATION AND INJECTION	161	450		10,213.43		22.70	.011		63.44		.26
OTHER SERVICES/ALL X-OVERS	704	2,784		53,894.05		19.36	.070		76.55		1.35
@PHARMACY	8,997	21,847	\$	1,103,396.18	\$	50.51	.545	\$	122.64	\$	27.55
PRESCRIPTION DRUGS	8,959	19,644		1,080,906.29		55.02	.490		120.65		26.99
SNF/ICF	23	123		8,110.59		65.94	.003		352.63		.20
OUTPATIENTS	8,943	19,521		1,072,795.70		54.96	.487		119.96		26.79
MEDICAL SUPPLIES	219	2,203		22,489.89		10.21	.055		102.69		.56
@DENTIST	2,801	13,607	\$	423,176.77	\$	31.10	.340	\$	151.08	\$	10.57
VISITS - DIAGNOSTIC	2,056	9,539		142,338.80		14.92	.238		69.23		3.55
ORAL SURGERY	364	635		35,665.85		56.17	.016		97.98		.89
DRUGS	130	133		3,061.25		23.02	.003		23.55		.08
ANESTHESIA	7	8		800.00		100.00	.000		114.29		.02
PERIODONTICS	19	19		1,732.00		91.16	.000		91.16		.04
ENDODONTICS	251	498		73,442.80		147.48	.012		292.60		1.83
RESTORATIVE DENTISTRY	924	2,457		140,283.75		57.10	.061		151.82		3.50
PROSTHETICS	5	5		180.00		36.00	.000		36.00		.00
DENTURES, STAYPLATES	11	18		4,935.00		274.17	.000		448.64		.12
SPACE MAINTAINERS	30	42		4,680.00		111.43	.001		156.00		.12
MAXILLOFACIAL SERVICES	4	5		3,500.70		700.14	.000		875.18		.09
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00		.02
ORTHODONTIC SERVICES	124	167		10,956.62		65.61	.004		88.36		.27
ALL OTHER SERVICES	82	80		900.00		11.25	.002		10.98		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 9,614
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G										

40,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----



@OPTOMETRIST	549	1,528	\$	35,170.44	\$	23.02	.038	\$	64.06	\$	.88
DIAGNOSTIC AND ANC. PROCED	426	442		18,903.59		42.77	.011		44.37		.47
EYE APPLIANCES	388	1,072		15,837.45		14.77	.027		40.82		.40
OTHER OPTOMETRIC SERVICES	12	14		429.40		30.67	.000		35.78		.01
@CHIROPRACTOR	47	70	\$	1,162.04	\$	16.60	.002	\$	24.72	\$	.03
VISITS	47	70		1,162.04		16.60	.002		24.72		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	53	69	\$	3,054.52	\$	44.27	.002	\$	57.63	\$	.08
MEDICINE/INJECTIONS	53	59		2,369.23		40.16	.001		44.70		.06
SURGERY/ANES.	3	3		334.23		111.41	.000		111.41		.01
RADIO./PATHOLOGY	4	5		86.50		17.30	.000		21.63		.00
OTHER	2	2		264.56		132.28	.000		132.28		.01
@HOME HEALTH AGENCY	25	62	\$	3,798.58	\$	61.27	.002	\$	151.94	\$	.09
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	10	37	\$	874.05	\$	23.62	.001	\$	87.41	\$	.02
@TOTAL HOSPITAL	3,441	12,141	\$	1,354,173.68	\$	111.54	.303	\$	393.54	\$	33.81
HOSP INPATIENT TOTAL	230	797		1,068,345.76		1340.46	.020		4644.98		26.68
HSC HOSPITALS	182	618		803,063.14		1299.45	.015		4412.43		20.05
NON-HSC HOSPITAL TOTAL	48	179		265,282.62		1482.03	.004		5526.72		6.62
ACCOMMODATIONS	48	179		103,447.99		577.92	.004		2155.17		2.58
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	48	179		103,447.99		577.92	.004		2155.17		2.58
ANCILLARIES	48	0		161,834.63		.00	.000		3371.55		4.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3,316	11,344		285,827.92		25.20	.283		86.20		7.14
MEDICAL	384	557		17,350.67		31.15	.014		45.18		.43
SURGERY	340	377		12,374.44		32.82	.009		36.40		.31
PATHOLOGY	1,037	4,013		44,515.34		11.09	.100		42.93		1.11
RADIOLOGY	764	1,006		60,115.18		59.76	.025		78.68		1.50
ROOM USE	2,514	3,147		116,039.44		36.87	.079		46.16		2.90
CROSSOVERS/ALL OTH OUTPTNT	1,033	2,244		35,432.85		15.79	.056		34.30		.88
@COUNTY HOSPITAL TOTAL	9	34	\$	3,708.74	\$	109.08	.001	\$	412.08	\$	.09
CO HOSPITAL INPATIENT TOTAL	1	2		2,704.00		1352.00	.000		2704.00		.07
HSC HOSPITALS	1	2		2,704.00		1352.00	.000		2704.00		.07
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	32		1,004.74		31.40	.001		125.59		.03
MEDICAL	2	2		92.65		46.33	.000		46.33		.00
SURGERY	1	2		59.22		29.61	.000		59.22		.00
PATHOLOGY	4	9		240.75		26.75	.000		60.19		.01
RADIOLOGY	2	3		93.44		31.15	.000		46.72		.00
ROOM USE	7	10		471.20		47.12	.000		67.31		.01
CROSSOVERS/ALL OTH OUTPTNT	3	6		47.48		7.91	.000		15.83		.00



40,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,433	12,107	\$ 1,350,464.94	\$ 111.54	.302	\$ 393.38	\$ 33.72
COMM HOSP INPATIENT TOTAL	230	795	1,065,641.76	1340.43	.020	4633.23	26.61
HSC HOSPITALS	182	616	800,359.14	1299.28	.015	4397.58	19.98
NON-HSC HOSPITALS TOTAL	48	179	265,282.62	1482.03	.004	5526.72	6.62
ACCOMMODATIONS	48	179	103,447.99	577.92	.004	2155.17	2.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	48	179	103,447.99	577.92	.004	2155.17	2.58
ANCILLARIES	48	0	161,834.63	.00	.000	3371.55	4.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,308	11,312	284,823.18	25.18	.282	86.10	7.11
MEDICAL	382	555	17,258.02	31.10	.014	45.18	.43
SURGERY	339	375	12,315.22	32.84	.009	36.33	.31
PATHOLOGY	1,033	4,004	44,274.59	11.06	.100	42.86	1.11
RADIOLOGY	762	1,003	60,021.74	59.84	.025	78.77	1.50
ROOM USE	2,507	3,137	115,568.24	36.84	.078	46.10	2.89
CROSSOVERS/ALL OTH OUTPTNT	1,030	2,238	35,385.37	15.81	.056	34.35	.88
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	11	24	\$ 740.84	\$ 30.87	.001	\$ 67.35	\$ .02
HOSPITAL BASED	11	24	740.84	30.87	.001	67.35	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,455	4,245	\$ 58,658.33	\$ 13.82	.106	\$ 40.32	\$ 1.46
PATHOLOGY	1,454	4,244	58,646.93	13.82	.106	40.33	1.46
XO AND OTHERS	1	1	11.40	11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	2,067	3,889	\$ 460,053.63	\$ 118.30	.097	\$ 222.57	\$ 11.49
CLINIC	508	1,494	41,541.49	27.81	.037	81.77	1.04
SURGICENTER	44	205	7,614.02	37.14	.005	173.05	.19
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,542	2,190	410,898.12	187.62	.055	266.47	10.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	40,050 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,423	7,650	\$	92,121.68	\$ 12.04	.191	\$ 64.74	\$ 2.30
DURABLE MED. EQUIP.	94	330		9,395.52	28.47	.008	99.95	.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	171	1,693		27,066.72	15.99	.042	158.28	.68
AMBULANCES/AIR TRANS	170	1,259		20,909.41	16.61	.031	123.00	.52
OTHER TRANS	1	429		737.55	1.72	.011	737.55	.02
OTHER SERVICES	5	5		5,419.76	1083.95	.000	1083.95	.14
ACUPUNCTURE	1	1		20.27	20.27	.000	20.27	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	26	26		2,730.00	105.00	.001	105.00	.07
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	364	754		6,769.25	8.98	.019	18.60	.17
PHYSICAL THERAPIST	1	3		62.89	20.96	.000	62.89	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	17	21		1,497.92	71.33	.001	88.11	.04
PROSTHETICS	17	21		1,497.92	71.33	.001	88.11	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	7	40		2,345.64	58.64	.001	335.09	.06
SPEECH AND AUDIOLOGY	27	53		2,866.87	54.09	.001	106.18	.07
HOSPICE SERVICES	2	62		8,440.68	136.14	.002	4220.34	.21
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	686	3,070		28,466.59	9.27	.077	41.50	.71
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	53	1,597		2,459.33	1.54	.040	46.40	.06
@CALIF. CHILDREN SERVICES*	183	3,099	\$	315,033.83	\$ 101.66	.077	\$ 1721.50	\$ 7.87
@XOVER EXCLUDING STATE HOSP**	2	4	\$	58.65	\$ 14.66	.000	\$ 29.33	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



96,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	64,480	1,317,344	\$ 34,968,103.29	\$ 26.54	13.589	\$ 542.31	\$ 360.71
@PHYSICIANS SERVICES	21,587	59,183	\$ 2,284,994.64	\$ 38.61	.610	\$ 105.85	\$ 23.57
OUTPATIENT VISITS	13,774	19,180	698,464.23	36.42	.198	50.71	7.20
OFFICE VISITS	10,020	13,266	420,595.26	31.70	.137	41.98	4.34
HOME VISITS	107	118	4,282.64	36.29	.001	40.02	.04
EMERGENCY ROOM	3,073	3,683	206,603.41	56.10	.038	67.23	2.13
PREVENTIVE CARE	8	8	403.79	50.47	.000	50.47	.00
OB VISITS/COMPRE PERI	204	352	23,574.46	66.97	.004	115.56	.24
OTHER OUTPATIENT	1,533	1,753	43,004.67	24.53	.018	28.05	.44
INPATIENT VISITS	910	3,345	177,536.91	53.08	.035	195.10	1.83
HOSPITAL VISITS	767	2,817	128,771.40	45.71	.029	167.89	1.33
CRITICAL CARE	62	315	41,727.11	132.47	.003	673.02	.43
SNF/ICF/TRANS IP CARE	141	213	7,038.40	33.04	.002	49.92	.07
OPHTHALMOLOGICAL SERVICES	242	315	12,215.99	38.78	.003	50.48	.13
EXAMINATIONS	239	311	12,105.41	38.92	.003	50.65	.12
SERVICES AND MATERIALS	4	4	110.58	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	498	2,686	306,151.12	113.98	.028	614.76	3.16
PRINCIPAL SURGEON	341	482	240,911.84	499.82	.005	706.49	2.49
ASSISTANT SURGEON	65	61	12,115.20	198.61	.001	186.39	.12
ANESTHESIOLOGIST	207	2,143	53,124.08	24.79	.022	256.64	.55
OUTPATIENT SURGERY	1,452	3,064	247,830.37	80.88	.032	170.68	2.56
PRINCIPAL SURGEON	1,243	1,594	204,731.57	128.44	.016	164.71	2.11
ASSISTANT SURGEON	17	18	1,938.80	107.71	.000	114.05	.02
ANESTHESIOLOGIST	303	1,452	41,160.00	28.35	.015	135.84	.42
DIALYSIS	66	195	18,395.35	94.34	.002	278.72	.19
PATHOLOGY	1,461	2,219	33,349.51	15.03	.023	22.83	.34
RADIOLOGY	4,026	6,963	375,246.04	53.89	.072	93.21	3.87
PSYCHIATRY	155	175	5,856.84	33.47	.002	37.79	.06
IMMUNIZATION AND INJECTION	528	2,075	55,189.88	26.60	.021	104.53	.57
OTHER SERVICES/ALL X-OVERS	6,338	18,966	354,758.40	18.70	.196	55.97	3.66
@PHARMACY	46,209	681,591	\$ 17,484,325.62	\$ 25.65	7.031	\$ 378.37	\$ 180.36
PRESCRIPTION DRUGS	45,626	179,799	16,151,878.98	89.83	1.855	354.01	166.61
SNF/ICF	1,232	10,065	657,249.48	65.30	.104	533.48	6.78
OUTPATIENTS	44,644	169,734	15,494,629.50	91.29	1.751	347.07	159.83
MEDICAL SUPPLIES	3,704	501,792	1,332,446.64	2.66	5.176	359.73	13.74
@DENTIST	5,614	25,477	\$ 893,770.75	\$ 35.08	.263	\$ 159.20	\$ 9.22
VISITS - DIAGNOSTIC	3,902	16,970	242,452.80	14.29	.175	62.14	2.50
ORAL SURGERY	835	1,759	91,711.25	52.14	.018	109.83	.95
DRUGS	149	152	3,461.25	22.77	.002	23.23	.04
ANESTHESIA	11	12	1,100.00	91.67	.000	100.00	.01
PERIODONTICS	151	170	17,628.10	103.69	.002	116.74	.18
ENDODONTICS	443	773	138,720.55	179.46	.008	313.14	1.43
RESTORATIVE DENTISTRY	1,696	4,267	264,338.40	61.95	.044	155.86	2.73
PROSTHETICS	39	41	1,180.00	28.78	.000	30.26	.01
DENTURES, STAYPLATES	343	935	111,484.00	119.23	.010	325.03	1.15
SPACE MAINTAINERS	30	42	4,680.00	111.43	.000	156.00	.05
MAXILLOFACIAL SERVICES	5	6	3,612.78	602.13	.000	722.56	.04
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	141	184	11,726.62	63.73	.002	83.17	.12
ALL OTHER SERVICES	162	165	975.00	5.91	.002	6.02	.01



96,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	----- COST PER ELIGIBLE
@OPTOMETRIST	1,797	4,913	\$ 109,948.06	\$ 22.38	.051	\$ 61.18	\$ 1.13
DIAGNOSTIC AND ANC. PROCED	931	967	40,729.71	42.12	.010	43.75	.42
EYE APPLIANCES	1,279	3,631	61,351.37	16.90	.037	47.97	.63
OTHER OPTOMETRIC SERVICES	200	315	7,866.98	24.97	.003	39.33	.08
@CHIROPRACTOR	227	388	\$ 6,398.49	\$ 16.49	.004	\$ 28.19	\$ .07
VISITS	220	380	6,299.26	16.58	.004	28.63	.06
OTHER SERVICES	7	8	99.23	12.40	.000	14.18	.00
@PODIATRIST	630	967	\$ 17,535.54	\$ 18.13	.010	\$ 27.83	\$ .18
MEDICINE/INJECTIONS	201	225	7,561.95	33.61	.002	37.62	.08
SURGERY/ANES.	13	17	2,522.31	148.37	.000	194.02	.03
RADIO./PATHOLOGY	7	9	157.42	17.49	.000	22.49	.00
OTHER	429	716	7,293.86	10.19	.007	17.00	.08
@HOME HEALTH AGENCY	207	6,124	\$ 232,069.28	\$ 37.90	.063	\$ 1121.11	\$ 2.39
NURSE ANESTHESIST	10	135	\$ 412.03	\$ 3.05	.001	\$ 41.20	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	56	151	\$ 3,616.69	\$ 23.95	.002	\$ 64.58	\$ .04
@TOTAL HOSPITAL	9,468	54,143	\$ 6,144,208.89	\$ 113.48	.559	\$ 648.94	\$ 63.38
HOSP INPATIENT TOTAL	879	3,280	4,904,234.24	1495.19	.034	5579.33	50.59
HSC HOSPITALS	488	2,337	3,055,096.79	1307.27	.024	6260.44	31.51
NON-HSC HOSPITAL TOTAL	190	943	1,617,371.78	1715.13	.010	8512.48	16.68
ACCOMMODATIONS	190	943	555,835.72	589.43	.010	2925.45	5.73
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	189	930	552,828.82	594.44	.010	2925.02	5.70
ANCILLARIES	190	0	1,061,536.06	.00	.000	5587.03	10.95
INPATIENT CROSSOVERS	212	0	231,765.67	.00	.000	1093.23	2.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8,882	50,863	1,239,974.65	24.38	.525	139.61	12.79
MEDICAL	1,310	2,052	82,443.95	40.18	.021	62.93	.85
SURGERY	751	842	31,200.54	37.06	.009	41.55	.32
PATHOLOGY	3,008	15,585	159,103.77	10.21	.161	52.89	1.64
RADIOLOGY	1,927	2,817	216,840.52	76.98	.029	112.53	2.24
ROOM USE	5,002	6,745	249,085.07	36.93	.070	49.80	2.57
CROSSOVERS/ALL OTH OUTPTNT	4,091	22,822	501,300.80	21.97	.235	122.54	5.17
@COUNTY HOSPITAL TOTAL	45	227	\$ 70,230.59	\$ 309.39	.002	\$ 1560.68	\$ .72
CO HOSPITAL INPATIENT TOTAL	6	88	66,129.56	751.47	.001	11021.59	.68
HSC HOSPITALS	2	8	10,816.00	1352.00	.000	5408.00	.11
NON-HSC HOSPITALS TOTAL	4	80	55,313.56	691.42	.001	13828.39	.57
ACCOMMODATIONS	4	80	18,504.00	231.30	.001	4626.00	.19
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	80	18,504.00	231.30	.001	4626.00	.19
ANCILLARIES	4	0	36,809.56	.00	.000	9202.39	.38
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	39	139	4,101.03	29.50	.001	105.15	.04
MEDICAL	19	29	1,018.34	35.12	.000	53.60	.01
SURGERY	1	2	59.22	29.61	.000	59.22	.00
PATHOLOGY	12	47	757.25	16.11	.000	63.10	.01



RADIOLOGY	3	4	232.11	58.03	.000	77.37	.00
ROOM USE	25	37	1,425.99	38.54	.000	57.04	.01
CROSSOVERS/ALL OTH OUTPTNT	11	20	608.12	30.41	.000	55.28	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,619

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
96,942 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	9,426	53,916	\$ 6,073,978.30	\$ 112.66	.556	\$ 644.39	\$ 62.66
COMM HOSP INPATIENT TOTAL	874	3,192	4,838,104.68	1515.70	.033	5535.59	49.91
HSC HOSPITALS	487	2,329	3,044,280.79	1307.12	.024	6251.09	31.40
NON-HSC HOSPITALS TOTAL	186	863	1,562,058.22	1810.03	.009	8398.16	16.11
ACCOMMODATIONS	186	863	537,331.72	622.63	.009	2888.88	5.54
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	185	850	534,324.82	628.62	.009	2888.24	5.51
ANCILLARIES	186	0	1,024,726.50	.00	.000	5509.28	10.57
INPATIENT CROSSOVERS	212	0	231,765.67	.00	.000	1093.23	2.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8,845	50,724	1,235,873.62	24.36	.523	139.73	12.75
MEDICAL	1,291	2,023	81,425.61	40.25	.021	63.07	.84
SURGERY	750	840	31,141.32	37.07	.009	41.52	.32
PATHOLOGY	2,996	15,538	158,346.52	10.19	.160	52.85	1.63
RADIOLOGY	1,924	2,813	216,608.41	77.00	.029	112.58	2.23
ROOM USE	4,978	6,708	247,659.08	36.92	.069	49.75	2.55
CROSSOVERS/ALL OTH OUTPTNT	4,080	22,802	500,692.68	21.96	.235	122.72	5.16
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	701	19,051	\$ 2,465,119.42	\$ 129.40	.197	\$ 3516.58	\$ 25.43
LEV A-INTERMEDIATE	2	26	1,741.19	66.97	.000	870.60	.02
LEV B-REHAB MD	1	17	2,130.44	125.32	.000	2130.44	.02
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	698	19,008	2,461,247.79	129.48	.196	3526.14	25.39
@INTERMEDIATE CARE FACIL.-DD	164	5,026	\$ 981,712.23	\$ 195.33	.052	\$ 5986.05	\$ 10.13
ICF DDH	53	1,597	270,419.06	169.33	.016	5102.25	2.79
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	111	3,429	711,293.17	207.43	.035	6408.05	7.34
@HEMODIALYSIS TOTAL	275	6,274	\$ 314,972.90	\$ 50.20	.065	\$ 1145.36	\$ 3.25
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	275	6,274	314,972.90	50.20	.065	1145.36	3.25
@REHABILITATION FACILITY	60	311	\$ 7,039.97	\$ 22.64	.003	\$ 117.33	\$ .07
HOSPITAL BASED	45	157	4,763.63	30.34	.002	105.86	.05
INDEPENDENT FACILITY	15	154	2,276.34	14.78	.002	151.76	.02
@LABORATORY FACILITY	3,831	13,769	\$ 168,900.00	\$ 12.27	.142	\$ 44.09	\$ 1.74
PATHOLOGY	3,790	13,653	168,263.60	12.32	.141	44.40	1.74
XO AND OTHERS	41	116	636.40	5.49	.001	15.52	.01
@ORGANIZED OUTPATIENT CLINIC	6,937	11,987	\$ 1,576,861.76	\$ 131.55	.124	\$ 227.31	\$ 16.27
CLINIC	814	2,161	60,500.84	28.00	.022	74.33	.62
SURGICENTER	183	696	36,459.54	52.38	.007	199.23	.38
HEROIN DETOX CLINIC	4	59	731.67	12.40	.001	182.92	.01
RURAL HEALTH CLINIC	5,990	9,071	1,479,169.71	163.07	.094	246.94	15.26

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,620



MOP024  
PLACER COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

03/14/05

96,942 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8,540	427,854	\$ 2,276,217.02	\$ 5.32	4.414	\$ 266.54	\$ 23.48
DURABLE MED. EQUIP.	673	2,617	313,919.40	119.95	.027	466.45	3.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	40	48	10,996.32	229.09	.000	274.91	.11
MEDICAL TRANSPORTATION	1,303	63,032	298,876.48	4.74	.650	229.38	3.08
AMBULANCES/AIR TRANS	790	6,267	114,810.54	18.32	.065	145.33	1.18
OTHER TRANS	507	56,498	167,129.71	2.96	.583	329.64	1.72
OTHER SERVICES	62	267	16,936.23	63.43	.003	273.17	.17
ACUPUNCTURE	23	73	1,258.37	17.24	.001	54.71	.01
ADULT DAY HEALTH CARE CTR	704	11,372	790,023.03	69.47	.117	1122.19	8.15
GENETIC DISEASE TESTING	32	32	3,360.00	105.00	.000	105.00	.03
IHMC,MODEL-NF,NF,AIDS,MSSP	179	4,224	168,458.71	39.88	.044	941.11	1.74
OCCUPATIONAL THERAPIST	20	353	1,764.68	5.00	.004	88.23	.02
OPTICIAN	1,348	2,944	31,100.35	10.56	.030	23.07	.32
PHYSICAL THERAPIST	2	19	272.28	14.33	.000	136.14	.00
PORTABLE X-RAY	66	115	1,021.46	8.88	.001	15.48	.01
PROSTHETIST/ORTHOTISTS	95	231	31,649.99	137.01	.002	333.16	.33
PROSTHETICS	95	231	31,649.99	137.01	.002	333.16	.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	29	74	3,095.37	41.83	.001	106.74	.03
SPEECH AND AUDIOLOGY	898	3,756	161,824.75	43.08	.039	180.21	1.67
HOSPICE SERVICES	36	932	117,341.00	125.90	.010	3259.47	1.21
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,512	42,154	185,692.32	4.41	.435	122.81	1.92
EPSDT SUPPLEMENTAL SERVICE	8	683	20,087.03	29.41	.007	2510.88	.21
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00



ALL OTHER PROVIDERS	2,232	295,195	135,475.48	.46	3.045	60.70	1.40
@CALIF. CHILDREN SERVICES*	850	37,070	\$ 1,948,143.49	\$ 52.55	.382	\$ 2291.93	\$ 20.10
@XOVER EXCLUDING STATE HOSP**	7,148	50,740	\$ 923,970.59	\$ 18.21	.523	\$ 129.26	\$ 9.53

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,621
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

4,060 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,870	5,959	\$ 574,436.30	\$ 96.40	1.468	\$ 307.19	\$ 141.49
@PHYSICIANS SERVICES	1,168	2,540	\$ 133,824.61	\$ 52.69	.626	\$ 114.58	\$ 32.96
OUTPATIENT VISITS	1,053	1,536	49,603.71	32.29	.378	47.11	12.22
OFFICE VISITS	899	1,260	38,111.12	30.25	.310	42.39	9.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	183	209	9,645.59	46.15	.051	52.71	2.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	62	67	1,847.00	27.57	.017	29.79	.45
INPATIENT VISITS	80	441	43,944.43	99.65	.109	549.31	10.82
HOSPITAL VISITS	61	156	8,506.99	54.53	.038	139.46	2.10
CRITICAL CARE	25	285	35,437.44	124.34	.070	1417.50	8.73
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5	223.37	44.67	.001	74.46	.06
EXAMINATIONS	3	5	223.37	44.67	.001	74.46	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	20	74	11,858.44	160.25	.018	592.92	2.92
PRINCIPAL SURGEON	11	13	9,311.29	716.25	.003	846.48	2.29
ASSISTANT SURGEON	2	2	546.62	273.31	.000	273.31	.13
ANESTHESIOLOGIST	9	59	2,000.53	33.91	.015	222.28	.49
OUTPATIENT SURGERY	26	100	4,718.14	47.18	.025	181.47	1.16
PRINCIPAL SURGEON	22	29	3,059.06	105.48	.007	139.05	.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	71	1,659.08	23.37	.017	184.34	.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	43	61	1,264.29	20.73	.015	29.40	.31
RADIOLOGY	91	170	12,087.61	71.10	.042	132.83	2.98
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	20	2,145.21	107.26	.005	536.30	.53
OTHER SERVICES/ALL X-OVERS	67	133	7,979.41	60.00	.033	119.10	1.97
@PHARMACY	895	1,604	\$ 106,286.29	\$ 66.26	.395	\$ 118.76	\$ 26.18
PRESCRIPTION DRUGS	887	1,527	104,979.98	68.75	.376	118.35	25.86
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	887	1,527	104,979.98	68.75	.376	118.35	25.86
MEDICAL SUPPLIES	26	77	1,306.31	16.97	.019	50.24	.32
@DENTIST	4	8	\$ 220.00	\$ 27.50	.002	\$ 55.00	\$ .05
VISITS - DIAGNOSTIC	4	8	220.00	27.50	.002	55.00	.05
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00



DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,622  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

	4,060 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	50	102	\$	5,051.25	\$ 49.52	.025	\$ 101.03	\$ 1.24
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	324	957	\$	283,520.20	\$ 296.26	.236	\$ 875.06	\$ 69.83
HOSP INPATIENT TOTAL	31	129		260,076.70	2016.10	.032	8389.57	64.06
HSC HOSPITALS	29	123		250,652.00	2037.82	.030	8643.17	61.74
NON-HSC HOSPITAL TOTAL	2	6		9,424.70	1570.78	.001	4712.35	2.32
ACCOMMODATIONS	2	6		3,137.60	522.93	.001	1568.80	.77
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6		3,137.60	522.93	.001	1568.80	.77
ANCILLARIES	2	0		6,287.10	.00	.000	3143.55	1.55
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	302	828		23,443.50	28.31	.204	77.63	5.77
MEDICAL	55	78		3,418.38	43.83	.019	62.15	.84
SURGERY	13	18		618.70	34.37	.004	47.59	.15
PATHOLOGY	71	213		2,159.48	10.14	.052	30.42	.53
RADIOLOGY	61	66		2,253.26	34.14	.016	36.94	.55
ROOM USE	258	310		11,200.42	36.13	.076	43.41	2.76
CROSSOVERS/ALL OTH OUTPTNT	77	143		3,793.26	26.53	.035	49.26	.93
@COUNTY HOSPITAL TOTAL	1	1	\$	37.56	\$ 37.56	.000	\$ 37.56	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	37.56	37.56	.000	37.56	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	37.56	37.56	.000	37.56	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,623  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

	4,060 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	324	956	\$ 283,482.64	\$ 296.53	.235	\$ 874.95	\$ 69.82	
COMM HOSP INPATIENT TOTAL	31	129	260,076.70	2016.10	.032	8389.57	64.06	
HSC HOSPITALS	29	123	250,652.00	2037.82	.030	8643.17	61.74	
NON-HSC HOSPITALS TOTAL	2	6	9,424.70	1570.78	.001	4712.35	2.32	
ACCOMMODATIONS	2	6	3,137.60	522.93	.001	1568.80	.77	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	6	3,137.60	522.93	.001	1568.80	.77	
ANCILLARIES	2	0	6,287.10	.00	.000	3143.55	1.55	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	302	827	23,405.94	28.30	.204	77.50	5.77	
MEDICAL	55	78	3,418.38	43.83	.019	62.15	.84	
SURGERY	13	18	618.70	34.37	.004	47.59	.15	
PATHOLOGY	71	213	2,159.48	10.14	.052	30.42	.53	
RADIOLOGY	61	66	2,253.26	34.14	.016	36.94	.55	
ROOM USE	258	309	11,162.86	36.13	.076	43.27	2.75	
CROSSOVERS/ALL OTH OUTPTNT	77	143	3,793.26	26.53	.035	49.26	.93	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	70	129	\$ 1,316.95	\$ 10.21	.032	\$ 18.81	\$ .32	
PATHOLOGY	70	129	1,316.95	10.21	.032	18.81	.32	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	



@ORGANIZED OUTPATIENT CLINIC	132	203	\$	35,869.56	\$	176.70	.050	\$	271.74	\$	8.83
CLINIC	11	16		619.68		38.73	.004		56.33		.15
SURGICENTER	1	7		263.21		37.60	.002		263.21		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	120	180		34,986.67		194.37	.044		291.56		8.62

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,624  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

	4,060 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	416	\$	8,347.44	\$ 20.07	.102	\$ 231.87	\$ 2.06
DURABLE MED. EQUIP.	11	12		1,386.93	115.58	.003	126.08	.34
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	264		5,702.68	21.60	.065	380.18	1.40
AMBULANCES/AIR TRANS	15	263		3,902.68	14.84	.065	260.18	.96
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.44
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	15		407.54	27.17	.004	135.85	.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	124		819.62	6.61	.031	102.45	.20
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		30.67	30.67	.000	30.67	.01
@CALIF. CHILDREN SERVICES*	55	2,659	\$	236,692.86	\$ 89.02	.655	\$ 4303.51	\$ 58.30
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,625
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

	4,806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,099	22,611	\$	2,928,858.75	\$ 129.53	4.705	\$ 714.53	\$ 609.42
@PHYSICIANS SERVICES	2,608	7,764	\$	683,314.88	\$ 88.01	1.615	\$ 262.01	\$ 142.18
OUTPATIENT VISITS	1,457	2,322		148,737.96	64.06	.483	102.09	30.95
OFFICE VISITS	394	475		22,803.77	48.01	.099	57.88	4.74
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	171	190		11,381.59	59.90	.040	66.56	2.37



PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.01
OB VISITS/COMPRE PERI	1,014	1,646	114,222.75	69.39	.342	112.65	23.77
OTHER OUTPATIENT	10	10	261.12	26.11	.002	26.11	.05
INPATIENT VISITS	388	1,080	69,352.94	64.22	.225	178.74	14.43
HOSPITAL VISITS	371	799	34,000.64	42.55	.166	91.65	7.07
CRITICAL CARE	26	281	35,352.30	125.81	.058	1359.70	7.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	92.88	46.44	.000	92.88	.02
EXAMINATIONS	1	2	92.88	46.44	.000	92.88	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	561	1,947	349,786.76	179.65	.405	623.51	72.78
PRINCIPAL SURGEON	384	405	298,409.49	736.81	.084	777.11	62.09
ASSISTANT SURGEON	72	73	13,300.66	182.20	.015	184.73	2.77
ANESTHESIOLOGIST	176	1,469	38,076.61	25.92	.306	216.34	7.92
OUTPATIENT SURGERY	227	359	26,179.42	72.92	.075	115.33	5.45
PRINCIPAL SURGEON	207	255	22,363.11	87.70	.053	108.03	4.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	51	104	3,816.31	36.70	.022	74.83	.79
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	291	595	9,223.07	15.50	.124	31.69	1.92
RADIOLOGY	769	1,031	61,250.58	59.41	.215	79.65	12.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	95	228	5,504.26	24.14	.047	57.94	1.15
OTHER SERVICES/ALL X-OVERS	133	200	13,187.01	65.94	.042	99.15	2.74
@PHARMACY	1,029	1,968	\$ 62,297.31	\$ 31.66	.409	\$ 60.54	\$ 12.96
PRESCRIPTION DRUGS	1,005	1,849	53,881.40	29.14	.385	53.61	11.21
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,005	1,849	53,881.40	29.14	.385	53.61	11.21
MEDICAL SUPPLIES	61	119	8,415.91	70.72	.025	137.97	1.75
@DENTIST	8	27	\$ 251.00	\$ 9.30	.006	\$ 31.38	\$ .05
VISITS - DIAGNOSTIC	7	26	166.00	6.38	.005	23.71	.03
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.02



DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,626  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	4,806 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	35	\$	1,970.51	\$ 56.30	.007	\$ 109.47	\$ .41
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	10	60	\$	2,265.31	\$ 37.76	.012	\$ 226.53	\$ .47
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,346	6,902	\$	1,957,147.38	\$ 283.56	1.436	\$ 1454.05	\$ 407.23
HOSP INPATIENT TOTAL	392	1,534		1,845,523.23	1203.08	.319	4707.97	384.00
HSC HOSPITALS	262	952		1,176,793.16	1236.13	.198	4491.58	244.86
NON-HSC HOSPITAL TOTAL	133	582		668,730.07	1149.02	.121	5028.05	139.14
ACCOMMODATIONS	133	582		302,641.67	520.00	.121	2275.50	62.97
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	133	582		302,641.67	520.00	.121	2275.50	62.97
ANCILLARIES	133	0		366,088.40	.00	.000	2752.54	76.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,119	5,368		111,624.15	20.79	1.117	99.75	23.23
MEDICAL	44	172		14,794.73	86.02	.036	336.24	3.08
SURGERY	107	177		5,554.58	31.38	.037	51.91	1.16
PATHOLOGY	672	2,250		26,963.33	11.98	.468	40.12	5.61
RADIOLOGY	175	205		14,470.56	70.59	.043	82.69	3.01
ROOM USE	464	700		26,371.82	37.67	.146	56.84	5.49
CROSSOVERS/ALL OTH OUTPTNT	484	1,864		23,469.13	12.59	.388	48.49	4.88
@COUNTY HOSPITAL TOTAL	3	47	\$	1,784.08	\$ 37.96	.010	\$ 594.69	\$ .37
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00



NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	47	1,784.08	37.96	.010	594.69	.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	5	124.72	24.94	.001	41.57	.03
PATHOLOGY	3	18	386.50	21.47	.004	128.83	.08
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	11	736.32	66.94	.002	245.44	.15
CROSSOVERS/ALL OTH OUTPTNT	3	13	536.54	41.27	.003	178.85	.11

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,627  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,806 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,343	6,855	\$ 1,955,363.30	\$ 285.25	1.426	\$ 1455.97	\$ 406.86
COMM HOSP INPATIENT TOTAL	392	1,534	1,845,523.23	1203.08	.319	4707.97	384.00
HSC HOSPITALS	262	952	1,176,793.16	1236.13	.198	4491.58	244.86
NON-HSC HOSPITALS TOTAL	133	582	668,730.07	1149.02	.121	5028.05	139.14
ACCOMMODATIONS	133	582	302,641.67	520.00	.121	2275.50	62.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	133	582	302,641.67	520.00	.121	2275.50	62.97
ANCILLARIES	133	0	366,088.40	.00	.000	2752.54	76.17
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,116	5,321	109,840.07	20.64	1.107	98.42	22.85
MEDICAL	44	172	14,794.73	86.02	.036	336.24	3.08
SURGERY	104	172	5,429.86	31.57	.036	52.21	1.13
PATHOLOGY	669	2,232	26,576.83	11.91	.464	39.73	5.53
RADIOLOGY	175	205	14,470.56	70.59	.043	82.69	3.01
ROOM USE	461	689	25,635.50	37.21	.143	55.61	5.33
CROSSOVERS/ALL OTH OUTPTNT	481	1,851	22,932.59	12.39	.385	47.68	4.77
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00



@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,137	3,337	\$	49,143.51	\$	14.73	.694	\$	43.22	\$	10.23
PATHOLOGY	1,137	3,337		49,143.51		14.73	.694		43.22		10.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	469	1,818	\$	143,993.51	\$	79.20	.378	\$	307.02	\$	29.96
CLINIC	281	1,297		48,992.62		37.77	.270		174.35		10.19
SURGICENTER	11	82		2,169.89		26.46	.017		197.26		.45
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	178	439		92,831.00		211.46	.091		521.52		19.32

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,628  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,806 ELIGIBLES							
@ALL OTHER PROVIDERS	237	700	\$ 28,475.34	\$ 40.68	.146	\$ 120.15	\$ 5.92
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	34	495	6,950.34	14.04	.103	204.42	1.45
AMBULANCES/AIR TRANS	33	493	5,665.46	11.49	.103	171.68	1.18
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	1,284.88	642.44	.000	642.44	.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	205	205	21,525.00	105.00	.043	105.00	4.48
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	21	2,108	\$ 272,569.24	\$ 129.30	.439	\$ 12979.49	\$ 56.71
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,629  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
18 ELIGIBLES							



@TOTAL, ALL PROVIDERS	2	4	\$	253.86	\$	63.47	.222	\$	126.93	\$	14.10
@PHYSICIANS SERVICES	1	3	\$	114.14	\$	38.05	.167	\$	114.14	\$	6.34
OUTPATIENT VISITS	1	1		24.00		24.00	.056		24.00		1.33
OFFICE VISITS	1	1		24.00		24.00	.056		24.00		1.33
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		86.14		86.14	.056		86.14		4.79
PRINCIPAL SURGEON	1	1		86.14		86.14	.056		86.14		4.79
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		4.00		4.00	.056		4.00		.22
@PHARMACY	1	1	\$	139.72	\$	139.72	.056	\$	139.72	\$	7.76
PRESCRIPTION DRUGS	1	1		139.72		139.72	.056		139.72		7.76
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	1		139.72		139.72	.056		139.72		7.76
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,630
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM	
	AID CODE 76	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
18 ELIGIBLES							



@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00



RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,631  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
	AID CODE 76						

PAGE 9,632  
03/14/05

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



8,884 ELIGIBLES		----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	5,971	28,574	\$ 3,503,548.91	\$ 122.61	3.216	\$ 586.76	\$ 394.37		
@PHYSICIANS SERVICES	3,777	10,307	\$ 817,253.63	\$ 79.29	1.160	\$ 216.38	\$ 91.99		
OUTPATIENT VISITS	2,511	3,859	198,365.67	51.40	.434	79.00	22.33		
OFFICE VISITS	1,294	1,736	60,938.89	35.10	.195	47.09	6.86		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	354	399	21,027.18	52.70	.045	59.40	2.37		
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.01		
OB VISITS/COMPRE PERI	1,014	1,646	114,222.75	69.39	.185	112.65	12.86		
OTHER OUTPATIENT	72	77	2,108.12	27.38	.009	29.28	.24		
INPATIENT VISITS	468	1,521	113,297.37	74.49	.171	242.09	12.75		
HOSPITAL VISITS	432	955	42,507.63	44.51	.107	98.40	4.78		
CRITICAL CARE	51	566	70,789.74	125.07	.064	1388.03	7.97		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	4	7	316.25	45.18	.001	79.06	.04		
EXAMINATIONS	4	7	316.25	45.18	.001	79.06	.04		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	581	2,021	361,645.20	178.94	.227	622.45	40.71		
PRINCIPAL SURGEON	395	418	307,720.78	736.17	.047	779.04	34.64		
ASSISTANT SURGEON	74	75	13,847.28	184.63	.008	187.13	1.56		
ANESTHESIOLOGIST	185	1,528	40,077.14	26.23	.172	216.63	4.51		
OUTPATIENT SURGERY	254	460	30,983.70	67.36	.052	121.98	3.49		
PRINCIPAL SURGEON	230	285	25,508.31	89.50	.032	110.91	2.87		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	60	175	5,475.39	31.29	.020	91.26	.62		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	334	656	10,487.36	15.99	.074	31.40	1.18		
RADIOLOGY	860	1,201	73,338.19	61.06	.135	85.28	8.26		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	99	248	7,649.47	30.84	.028	77.27	.86		
OTHER SERVICES/ALL X-OVERS	201	334	21,170.42	63.38	.038	105.33	2.38		
@PHARMACY	1,925	3,573	\$ 168,723.32	\$ 47.22	.402	\$ 87.65	\$ 18.99		
PRESCRIPTION DRUGS	1,893	3,377	159,001.10	47.08	.380	83.99	17.90		
SNF/ICF	0	0	.00	.00	.000	.00	.00		
OUTPATIENTS	1,893	3,377	159,001.10	47.08	.380	83.99	17.90		
MEDICAL SUPPLIES	87	196	9,722.22	49.60	.022	111.75	1.09		
@DENTIST	12	35	\$ 471.00	\$ 13.46	.004	\$ 39.25	\$ .05		
VISITS - DIAGNOSTIC	11	34	386.00	11.35	.004	35.09	.04		
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.01		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	0	0	.00	.00	.000	.00	.00		
ENDODONTICS	0	0	.00	.00	.000	.00	.00		
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00		



8,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	68	137	\$ 7,021.76	\$ 51.25	.015	\$ 103.26	\$ .79
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	10	60	\$ 2,265.31	\$ 37.76	.007	\$ 226.53	\$ .25
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	1,670	7,859	\$ 2,240,667.58	\$ 285.11	.885	\$ 1341.72	\$ 252.21
HOSP INPATIENT TOTAL	423	1,663	2,105,599.93	1266.15	.187	4977.78	237.01
HSC HOSPITALS	291	1,075	1,427,445.16	1327.86	.121	4905.31	160.68
NON-HSC HOSPITAL TOTAL	135	588	678,154.77	1153.32	.066	5023.37	76.33
ACCOMMODATIONS	135	588	305,779.27	520.03	.066	2265.03	34.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	135	588	305,779.27	520.03	.066	2265.03	34.42
ANCILLARIES	135	0	372,375.50	.00	.000	2758.34	41.92
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,421	6,196	135,067.65	21.80	.697	95.05	15.20
MEDICAL	99	250	18,213.11	72.85	.028	183.97	2.05
SURGERY	120	195	6,173.28	31.66	.022	51.44	.69
PATHOLOGY	743	2,463	29,122.81	11.82	.277	39.20	3.28
RADIOLOGY	236	271	16,723.82	61.71	.031	70.86	1.88
ROOM USE	722	1,010	37,572.24	37.20	.114	52.04	4.23
CROSSOVERS/ALL OTH OUTPTNT	561	2,007	27,262.39	13.58	.226	48.60	3.07
@COUNTY HOSPITAL TOTAL	4	48	\$ 1,821.64	\$ 37.95	.005	\$ 455.41	\$ .21
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	48	1,821.64	37.95	.005	455.41	.21
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	5	124.72	24.94	.001	41.57	.01
PATHOLOGY	3	18	386.50	21.47	.002	128.83	.04



RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	12	773.88	64.49	.001	193.47	.09
CROSSOVERS/ALL OTH OUTPTNT	3	13	536.54	41.27	.001	178.85	.06

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,635

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	8,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,667	7,811	\$ 2,238,845.94	\$ 286.63	.879	\$ 1343.04	\$ 252.01	
COMM HOSP INPATIENT TOTAL	423	1,663	2,105,599.93	1266.15	.187	4977.78	237.01	
HSC HOSPITALS	291	1,075	1,427,445.16	1327.86	.121	4905.31	160.68	
NON-HSC HOSPITALS TOTAL	135	588	678,154.77	1153.32	.066	5023.37	76.33	
ACCOMMODATIONS	135	588	305,779.27	520.03	.066	2265.03	34.42	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	135	588	305,779.27	520.03	.066	2265.03	34.42	
ANCILLARIES	135	0	372,375.50	.00	.000	2758.34	41.92	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,418	6,148	133,246.01	21.67	.692	93.97	15.00	
MEDICAL	99	250	18,213.11	72.85	.028	183.97	2.05	
SURGERY	117	190	6,048.56	31.83	.021	51.70	.68	
PATHOLOGY	740	2,445	28,736.31	11.75	.275	38.83	3.23	
RADIOLOGY	236	271	16,723.82	61.71	.031	70.86	1.88	
ROOM USE	719	998	36,798.36	36.87	.112	51.18	4.14	
CROSSOVERS/ALL OTH OUTPTNT	558	1,994	26,725.85	13.40	.224	47.90	3.01	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	



LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,207	3,466	\$ 50,460.46	\$ 14.56	.390	\$ 41.81	\$ 5.68
PATHOLOGY	1,207	3,466	50,460.46	14.56	.390	41.81	5.68
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	601	2,021	\$ 179,863.07	\$ 89.00	.227	\$ 299.27	\$ 20.25
CLINIC	292	1,313	49,612.30	37.79	.148	169.91	5.58
SURGICENTER	12	89	2,433.10	27.34	.010	202.76	.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	298	619	127,817.67	206.49	.070	428.92	14.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76						

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8,884 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	273	1,116	\$ 36,822.78	\$ 33.00	.126	\$ 134.88	\$ 4.14
DURABLE MED. EQUIP.	11	12	1,386.93	115.58	.001	126.08	.16
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	49	759	12,653.02	16.67	.085	258.22	1.42
AMBULANCES/AIR TRANS	48	756	9,568.14	12.66	.085	199.34	1.08
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	3,084.88	1028.29	.000	1028.29	.35
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	205	205	21,525.00	105.00	.023	105.00	2.42
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	15	407.54	27.17	.002	135.85	.05
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	124	819.62	6.61	.014	102.45	.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00



ALL OTHER PROVIDERS	1	1		30.67		30.67	.000	30.67		.00
@CALIF. CHILDREN SERVICES*	76	4,767	\$	509,262.10	\$	106.83	.537	\$ 6700.82	\$	57.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

AID CODE 16

	1,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,082	41,192	\$	635,995.21	\$ 15.44	32.460	\$ 587.80	\$ 501.18
@PHYSICIANS SERVICES	182	417	\$	5,719.22	\$ 13.72	.329	\$ 31.42	\$ 4.51
OUTPATIENT VISITS	5	5		104.80	20.96	.004	20.96	.08
OFFICE VISITS	5	5		104.80	20.96	.004	20.96	.08
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	2		.00	.00	.002	.00	.00
HOSPITAL VISITS	2	2		.00	.00	.002	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		8.01	8.01	.001	8.01	.01
EXAMINATIONS	1	1		8.01	8.01	.001	8.01	.01
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		.00	.00	.001	.00	.00
PRINCIPAL SURGEON	1	1		.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		10.53	10.53	.001	10.53	.01
RADIOLOGY	3	3		32.29	10.76	.002	10.76	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	173	404		5,563.59	13.77	.318	32.16	4.38
@PHARMACY	1,024	34,386	\$	419,650.56	\$ 12.20	27.097	\$ 409.82	\$ 330.69
PRESCRIPTION DRUGS	1,016	4,967		409,654.93	82.48	3.914	403.20	322.82
SNF/ICF	37	256		17,884.64	69.86	.202	483.37	14.09
OUTPATIENTS	986	4,711		391,770.29	83.16	3.712	397.33	308.72
MEDICAL SUPPLIES	104	29,419		9,995.63	.34	23.183	96.11	7.88
@DENTIST	44	163	\$	7,581.00	\$ 46.51	.128	\$ 172.30	\$ 5.97
VISITS - DIAGNOSTIC	31	88		1,352.00	15.36	.069	43.61	1.07
ORAL SURGERY	13	44		1,691.00	38.43	.035	130.08	1.33
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		20.00	20.00	.001	20.00	.02
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	6	16		978.00	61.13	.013	163.00	.77
PROSTHETICS	0	0		.00	.00	.000	.00	.00



DENTURES, STAYPLATES	8	13	3,540.00	272.31	.010	442.50	2.79
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,638  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

1,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	24	54	\$ 1,265.99	\$ 23.44	.043	\$ 52.75	\$ 1.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	16	45	741.77	16.48	.035	46.36	.58
OTHER OPTOMETRIC SERVICES	8	9	524.22	58.25	.007	65.53	.41
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	30	47	\$ 383.99	\$ 8.17	.037	\$ 12.80	\$ .30
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	30	47	383.99	8.17	.037	12.80	.30
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	9	\$ 42.66	\$ 4.74	.007	\$ 42.66	\$ .03
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	70	662	\$ 20,637.91	\$ 31.18	.522	\$ 294.83	\$ 16.26
HOSP INPATIENT TOTAL	12	0	10,532.09	.00	.000	877.67	8.30
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	0	10,532.09	.00	.000	877.67	8.30
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	60	662	10,105.82	15.27	.522	168.43	7.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	60	662	10,105.82	15.27	.522	168.43	7.96
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,639  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED      AID CODE 16

	1,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70		662	\$ 20,637.91	\$ 31.18	.522	\$ 294.83	\$ 16.26
COMM HOSP INPATIENT TOTAL	12		0	10,532.09	.00	.000	877.67	8.30
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12		0	10,532.09	.00	.000	877.67	8.30
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60		662	10,105.82	15.27	.522	168.43	7.96
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	60		662	10,105.82	15.27	.522	168.43	7.96
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	39		852	\$ 128,788.51	\$ 151.16	.671	\$ 3302.27	\$ 101.49
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	39		852	128,788.51	151.16	.671	3302.27	101.49
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4		14	\$ 5,587.38	\$ 399.10	.011	\$ 1396.85	\$ 4.40
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4		14	5,587.38	399.10	.011	1396.85	4.40
@REHABILITATION FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1		2	\$ 24.60	\$ 12.30	.002	\$ 24.60	\$ .02
PATHOLOGY	0		0	.00	.00	.000	.00	.00
XO AND OTHERS	1		2	24.60	12.30	.002	24.60	.02



@ORGANIZED OUTPATIENT CLINIC	34	75	\$	4,732.30	\$	63.10	.059	\$	139.19	\$	3.73
CLINIC	1	4		134.40		33.60	.003		134.40		.11
SURGICENTER	4	7		827.06		118.15	.006		206.77		.65
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	64		3,770.84		58.92	.050		121.64		2.97

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,640

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

	1,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	195	4,511	\$	41,581.09	\$ 9.22	3.555	\$ 213.24	\$ 32.77
DURABLE MED. EQUIP.	4	5		288.46	57.69	.004	72.12	.23
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	6		2,699.95	449.99	.005	539.99	2.13
MEDICAL TRANSPORTATION	36	3,464		7,751.31	2.24	2.730	215.31	6.11
AMBULANCES/AIR TRANS	2	4		193.20	48.30	.003	96.60	.15
OTHER TRANS	33	3,456		7,548.26	2.18	2.723	228.74	5.95
OTHER SERVICES	1	4		9.85	2.46	.003	9.85	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	6	34		2,365.72	69.58	.027	394.29	1.86
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	30	729		23,664.80	32.46	.574	788.83	18.65
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	22	50		603.43	12.07	.039	27.43	.48
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	5	10		6.94	.69	.008	1.39	.01
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	7		1,887.05	269.58	.006	471.76	1.49



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	94	206	2,313.43	11.23	.162	24.61	1.82
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	\$ .000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	328	1,493	\$ 64,024.10	\$ 42.88	1.177	\$ 195.20	\$ 50.45

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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PLACER COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	32	184	\$ 12,492.38	\$ 67.89	5.111	\$ 390.39	\$ 347.01
@PHYSICIANS SERVICES	6	15	\$ 158.59	\$ 10.57	.417	\$ 26.43	\$ 4.41
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	15	158.59	10.57	.417	26.43	4.41
@PHARMACY	29	142	\$ 10,687.11	\$ 75.26	3.944	\$ 368.52	\$ 296.86
PRESCRIPTION DRUGS	29	142	10,687.11	75.26	3.944	368.52	296.86
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	29	142	10,687.11	75.26	3.944	368.52	296.86
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	9	\$ 300.00	\$ 33.33	.250	\$ 150.00	\$ 8.33
VISITS - DIAGNOSTIC	2	6	128.00	21.33	.167	64.00	3.56
ORAL SURGERY	0	0	.00	.00	.000	.00	.00



DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	172.00	57.33	.083	172.00	4.78
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND      AID CODES 26 6A

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	1	\$ 1.46	\$ 1.46	.028	\$ 1.46	\$ .04
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	1.46	1.46	.028	1.46	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	1.46	1.46	.028	1.46	.04
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00



NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,643  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND      AID CODES 26 6A

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		1	\$ 1.46	\$ 1.46	.028	\$ 1.46	\$ .04
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1		1	1.46	1.46	.028	1.46	.04
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	0		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1		1	1.46	1.46	.028	1.46	.04
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0		0	.00	.00	.000	.00	.00



@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	15	\$	1,311.42	\$	87.43	.417	\$	119.22	\$	36.43
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	2		31.58		15.79	.056		31.58		.88
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	10	13		1,279.84		98.45	.361		127.98		35.55

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	2	\$	33.80	\$ 16.90	.056	\$ 16.90	\$ .94
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1		25.00	25.00	.028	25.00	.69
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1		8.80	8.80	.028	8.80	.24
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	6	19	\$	200.43	\$ 10.55	.528	\$ 33.41	\$ 5.57

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,645  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	1,209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	1,041	27,785	\$	624,034.85	\$	22.46	22.982	\$	599.46	\$	516.16
@PHYSICIANS SERVICES	162	1,206	\$	7,934.34	\$	6.58	.998	\$	48.98	\$	6.56
OUTPATIENT VISITS	7	6		71.94		11.99	.005		10.28		.06
OFFICE VISITS	6	5		70.65		14.13	.004		11.78		.06
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		68.35		68.35	.001		68.35		.06
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		67.06CR		.00	.000		.00		.06CR
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	6		100.04		16.67	.005		50.02		.08
PRINCIPAL SURGEON	1	1		.00		.00	.001		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		100.04		20.01	.004		100.04		.08
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		28.46		14.23	.002		14.23		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	153	1,192		7,733.90		6.49	.986		50.55		6.40
@PHARMACY	943	21,640	\$	525,816.76	\$	24.30	17.899	\$	557.60	\$	434.92
PRESCRIPTION DRUGS	934	4,250		497,523.15		117.06	3.515		532.68		411.52



SNF/ICF	3	38		2,707.35	71.25	.031	902.45	2.24
OUTPATIENTS	932	4,212		494,815.80	117.48	3.484	530.92	409.28
MEDICAL SUPPLIES	102	17,390		28,293.61	1.63	14.384	277.39	23.40
@DENTIST	81	350	\$	11,841.95	\$ 33.83	.289	\$ 146.20	\$ 9.79
VISITS - DIAGNOSTIC	54	213		2,662.95	12.50	.176	49.31	2.20
ORAL SURGERY	10	18		897.00	49.83	.015	89.70	.74
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	3		318.00	106.00	.002	159.00	.26
ENDODONTICS	6	6		1,940.00	323.33	.005	323.33	1.60
RESTORATIVE DENTISTRY	27	80		3,948.00	49.35	.066	146.22	3.27
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	5	29		2,046.00	70.55	.024	409.20	1.69
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,646  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

1,209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	25	63	\$ 1,051.82	\$ 16.70	.052	\$ 42.07	\$ .87
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	21	55	900.63	16.38	.045	42.89	.74
OTHER OPTOMETRIC SERVICES	5	8	151.19	18.90	.007	30.24	.13
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.002	\$ 33.44	\$ .03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.002	33.44	.03
@PODIATRIST	7	7	\$ 83.28	\$ 11.90	.006	\$ 11.90	\$ .07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	7	83.28	11.90	.006	11.90	.07
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	74	531	\$ 13,171.44	\$ 24.80	.439	\$ 177.99	\$ 10.89
HOSP INPATIENT TOTAL	9	0	7,204.55	.00	.000	800.51	5.96
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	7,204.55	.00	.000	800.51	5.96
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	67	531	5,966.89	11.24	.439	89.06	4.94
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	26.36	13.18	.002	26.36	.02



RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.31	34.31	.001	34.31	.03
CROSSOVERS/ALL OTH OUTPTNT	67	528	5,906.22	11.19	.437	88.15	4.89
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	\$ .000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

	1,209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	531	\$	13,171.44	\$ 24.80	.439	\$ 177.99	\$ 10.89
COMM HOSP INPATIENT TOTAL	9	0		7,204.55	.00	.000	800.51	5.96
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0		7,204.55	.00	.000	800.51	5.96
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	67	531		5,966.89	11.24	.439	89.06	4.94
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		26.36	13.18	.002	26.36	.02
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		34.31	34.31	.001	34.31	.03
CROSSOVERS/ALL OTH OUTPTNT	67	528		5,906.22	11.19	.437	88.15	4.89
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	6	69	\$	9,240.93	\$ 133.93	.057	\$ 1540.16	\$ 7.64
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	6	69		9,240.93	133.93	.057	1540.16	7.64
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	13	15	\$ 5,459.24	\$ 363.95	.012	\$ 419.94	\$ 4.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	13	15	5,459.24	363.95	.012	419.94	4.52
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	22	\$ 115.23	\$ 5.24	.018	\$ 23.05	\$ .10
PATHOLOGY	2	4	33.83	8.46	.003	16.92	.03
XO AND OTHERS	3	18	81.40	4.52	.015	27.13	.07
@ORGANIZED OUTPATIENT CLINIC	90	129	\$ 15,971.22	\$ 123.81	.107	\$ 177.46	\$ 13.21
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	90	129	15,971.22	123.81	.107	177.46	13.21

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PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C      03/14/05

1,209 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	184	3,751	\$ 33,315.20	\$ 8.88	3.103	\$ 181.06	\$ 27.56
DURABLE MED. EQUIP.	3	7	413.02	59.00	.006	137.67	.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	23	1,771	4,053.61	2.29	1.465	176.24	3.35
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	23	1,771	4,053.61	2.29	1.465	176.24	3.35
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	1	1	27.03	27.03	.001	27.03	.02
ADULT DAY HEALTH CARE CTR	9	124	8,627.92	69.58	.103	958.66	7.14
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	3	20	2,798.65	139.93	.017	932.88	2.31
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	24	48	527.87	11.00	.040	21.99	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5	87.54	17.51	.004	29.18	.07
PROSTHETICS	3	5	87.54	17.51	.004	29.18	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	63	295	11,806.60	40.02	.244	187.41	9.77
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	81	1,480	4,972.96	3.36	1.224	61.39	4.11
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	272	5,838	\$ 51,680.19	\$ 8.85	4.829	\$ 190.00	\$ 42.75

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	.00
OFFICE VISITS	0		0	.00	.00	.000	.00	.00
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	.00
INPATIENT VISITS	0		0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0	.00	.00	.000	.00	.00
CRITICAL CARE	0		0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0	.00	.00	.000	.00	.00
EXAMINATIONS	0		0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0	.00	.00	.000	.00	.00
DIALYSIS	0		0	.00	.00	.000	.00	.00
PATHOLOGY	0		0	.00	.00	.000	.00	.00
RADIOLOGY	0		0	.00	.00	.000	.00	.00
PSYCHIATRY	0		0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0	.00	.00	.000	.00	.00
@PHARMACY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0		0	.00	.00	.000	.00	.00
SNF/ICF	0		0	.00	.00	.000	.00	.00
OUTPATIENTS	0		0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0	.00	.00	.000	.00	.00
@DENTIST	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0		0	.00	.00	.000	.00	.00
ORAL SURGERY	0		0	.00	.00	.000	.00	.00
DRUGS	0		0	.00	.00	.000	.00	.00
ANESTHESIA	0		0	.00	.00	.000	.00	.00
PERIODONTICS	0		0	.00	.00	.000	.00	.00
ENDODONTICS	0		0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0	.00	.00	.000	.00	.00



#CALIF DEPT OF HEALTH SERV  
MOP024  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PAGE 9,650  
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00



LEV B-REHAB MD	0	0		.00		.00	.00	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00	.00	.00
LEV B-REGULAR	0	0		.00		.00	.00	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,652  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00



ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,653

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,514 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,155	69,161	\$ 1,272,522.44	\$ 18.40	27.510	\$ 590.50	\$ 506.17
@PHYSICIANS SERVICES	350	1,638	\$ 13,812.15	\$ 8.43	.652	\$ 39.46	\$ 5.49
OUTPATIENT VISITS	12	11	176.74	16.07	.004	14.73	.07
OFFICE VISITS	11	10	175.45	17.55	.004	15.95	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	67.06CR	.00	.000	.00	.03CR
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	.00	.00	.001	.00	.00
HOSPITAL VISITS	2	2	.00	.00	.001	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.000	8.01	.00
EXAMINATIONS	1	1	8.01	8.01	.000	8.01	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	7	100.04	14.29	.003	33.35	.04
PRINCIPAL SURGEON	2	2	.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	100.04	20.01	.002	100.04	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	38.99	13.00	.001	13.00	.02
RADIOLOGY	3	3	32.29	10.76	.001	10.76	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	332	1,611	13,456.08	8.35	.641	40.53	5.35
@PHARMACY	1,996	56,168	\$ 956,154.43	\$ 17.02	22.342	\$ 479.04	\$ 380.33
PRESCRIPTION DRUGS	1,979	9,359	917,865.19	98.07	3.723	463.80	365.10
SNF/ICF	40	294	20,591.99	70.04	.117	514.80	8.19
OUTPATIENTS	1,947	9,065	897,273.20	98.98	3.606	460.85	356.91
MEDICAL SUPPLIES	206	46,809	38,289.24	.82	18.619	185.87	15.23
@DENTIST	127	522	\$ 19,722.95	\$ 37.78	.208	\$ 155.30	\$ 7.85
VISITS - DIAGNOSTIC	87	307	4,142.95	13.49	.122	47.62	1.65
ORAL SURGERY	23	62	2,588.00	41.74	.025	112.52	1.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	338.00	84.50	.002	112.67	.13
ENDODONTICS	6	6	1,940.00	323.33	.002	323.33	.77
RESTORATIVE DENTISTRY	34	99	5,098.00	51.49	.039	149.94	2.03
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.01



DENTURES, STAYPLATES	13	42	5,586.00	133.00	.017	429.69	2.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - TOTAL

	2,514 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	49	117	\$	2,317.81	\$ 19.81	.047	\$ 47.30	\$ .92
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	37	100		1,642.40	16.42	.040	44.39	.65
OTHER OPTOMETRIC SERVICES	13	17		675.41	39.73	.007	51.95	.27
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.001	\$ 33.44	\$ .01
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	2		33.44	16.72	.001	33.44	.01
@PODIATRIST	37	54	\$	467.27	\$ 8.65	.021	\$ 12.63	\$ .19
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	37	54		467.27	8.65	.021	12.63	.19
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	9	\$	42.66	\$ 4.74	.004	\$ 42.66	\$ .02
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	145	1,194	\$	33,810.81	\$ 28.32	.475	\$ 233.18	\$ 13.45
HOSP INPATIENT TOTAL	21	0		17,736.64	.00	.000	844.60	7.06
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	0		17,736.64	.00	.000	844.60	7.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	128	1,194		16,074.17	13.46	.475	125.58	6.39
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		26.36	13.18	.001	26.36	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		34.31	34.31	.000	34.31	.01
CROSSOVERS/ALL OTH OUTPTNT	128	1,191		16,013.50	13.45	.474	125.11	6.37
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,655  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	2,514 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	145		1,194	\$ 33,810.81	\$ 28.32	.475	\$ 233.18	\$ 13.45
COMM HOSP INPATIENT TOTAL	21		0	17,736.64	.00	.000	844.60	7.06
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21		0	17,736.64	.00	.000	844.60	7.06
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	128		1,194	16,074.17	13.46	.475	125.58	6.39
MEDICAL	0		0	.00	.00	.000	.00	.00
SURGERY	0		0	.00	.00	.000	.00	.00
PATHOLOGY	1		2	26.36	13.18	.001	26.36	.01
RADIOLOGY	0		0	.00	.00	.000	.00	.00
ROOM USE	1		1	34.31	34.31	.000	34.31	.01



CROSSOVERS/ALL OTH OUTPTNT	128	1,191		16,013.50	13.45	.474	125.11	6.37
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	45	921	\$	138,029.44	149.87	.366	3067.32	54.90
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	45	921		138,029.44	149.87	.366	3067.32	54.90
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	17	29	\$	11,046.62	380.92	.012	649.80	4.39
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	17	29		11,046.62	380.92	.012	649.80	4.39
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	6	24	\$	139.83	5.83	.010	23.31	.06
PATHOLOGY	2	4		33.83	8.46	.002	16.92	.01
XO AND OTHERS	4	20		106.00	5.30	.008	26.50	.04
@ORGANIZED OUTPATIENT CLINIC	135	219	\$	22,014.94	100.52	.087	163.07	8.76
CLINIC	1	4		134.40	33.60	.002	134.40	.05
SURGICENTER	5	9		858.64	95.40	.004	171.73	.34
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	131	206		21,021.90	102.05	.082	160.47	8.36

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,656  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

	2,514 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	381		8,264	\$ 74,930.09	\$ 9.07	3.287	\$ 196.67	\$ 29.81
DURABLE MED. EQUIP.	7		12	701.48	58.46	.005	100.21	.28
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5		6	2,699.95	449.99	.002	539.99	1.07
MEDICAL TRANSPORTATION	59		5,235	11,804.92	2.25	2.082	200.08	4.70
AMBULANCES/AIR TRANS	2		4	193.20	48.30	.002	96.60	.08
OTHER TRANS	56		5,227	11,601.87	2.22	2.079	207.18	4.61
OTHER SERVICES	1		4	9.85	2.46	.002	9.85	.00
ACUPUNCTURE	1		1	27.03	27.03	.000	27.03	.01
ADULT DAY HEALTH CARE CTR	15		158	10,993.64	69.58	.063	732.91	4.37
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	33		749	26,463.45	35.33	.298	801.92	10.53
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	46		98	1,131.30	11.54	.039	24.59	.45
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	5		10	6.94	.69	.004	1.39	.00
PROSTHETIST/ORTHOTISTS	3		5	87.54	17.51	.002	29.18	.03
PROSTHETICS	3		5	87.54	17.51	.002	29.18	.03
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	68		303	13,718.65	45.28	.121	201.74	5.46



HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	176	1,687	7,295.19	4.32	.671	41.45	2.90
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	\$ .000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	606	7,350	\$ 115,904.72	\$ 15.77	2.924	\$ 191.26	\$ 46.10

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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PLACER COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

AID CODE 18

1,201 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	872	57,585	\$ 457,552.52	\$ 7.95	47.948	\$ 524.72	\$ 380.98
@PHYSICIANS SERVICES	91	175	\$ 3,185.04	\$ 18.20	.146	\$ 35.00	\$ 2.65
OUTPATIENT VISITS	9	8	104.35	13.04	.007	11.59	.09
OFFICE VISITS	8	7	36.00	5.14	.006	4.50	.03
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	.00	.00	.001	.00	.00
HOSPITAL VISITS	1	1	.00	.00	.001	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.00	.00	.001	.00	.00
RADIOLOGY	1	1	8.57	8.57	.001	8.57	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	85	164	3,072.12	18.73	.137	36.14	2.56
@PHARMACY	766	53,566	\$ 244,006.50	\$ 4.56	44.601	\$ 318.55	\$ 203.17
PRESCRIPTION DRUGS	741	3,502	226,237.20	64.60	2.916	305.31	188.37
SNF/ICF	33	388	18,031.26	46.47	.323	546.40	15.01
OUTPATIENTS	718	3,114	208,205.94	66.86	2.593	289.98	173.36
MEDICAL SUPPLIES	134	50,064	17,769.30	.35	41.685	132.61	14.80
@DENTIST	19	63	\$ 3,745.00	\$ 59.44	.052	\$ 197.11	\$ 3.12
VISITS - DIAGNOSTIC	15	41	509.00	12.41	.034	33.93	.42
ORAL SURGERY	5	13	633.00	48.69	.011	126.60	.53



DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	5	838.00	167.60	.004	419.00	.70
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4	1,765.00	441.25	.003	882.50	1.47
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,658  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

1,201 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	18	\$ 362.03	\$ 20.11	.015	\$ 45.25	\$ .30
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	6	15	272.10	18.14	.012	45.35	.23
OTHER OPTOMETRIC SERVICES	2	3	89.93	29.98	.002	44.97	.07
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	9	\$ 149.38	\$ 16.60	.007	\$ 18.67	\$ .12
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	8	9	149.38	16.60	.007	18.67	.12
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	49	414	\$ 15,202.69	\$ 36.72	.345	\$ 310.26	\$ 12.66
HOSP INPATIENT TOTAL	13	0	9,642.97	.00	.000	741.77	8.03
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	13	0	9,642.97	.00	.000	741.77	8.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	38	414	5,559.72	13.43	.345	146.31	4.63
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	38	414	5,559.72	13.43	.345	146.31	4.63
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00



NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,659  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

1,201 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	49	414	\$ 15,202.69	\$ 36.72	.345	\$ 310.26	\$ 12.66	
COMM HOSP INPATIENT TOTAL	13	0	9,642.97	.00	.000	741.77	8.03	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	13	0	9,642.97	.00	.000	741.77	8.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	38	414	5,559.72	13.43	.345	146.31	4.63	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	38	414	5,559.72	13.43	.345	146.31	4.63	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	35	652	\$ 92,580.81	\$ 142.00	.543	\$ 2645.17	\$ 77.09	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	35	652	92,580.81	142.00	.543	2645.17	77.09	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	



@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	5.95	\$	5.95	.001	\$	5.95	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		5.95		5.95	.001		5.95		.00
@ORGANIZED OUTPATIENT CLINIC	24	25	\$	2,952.71	\$	118.11	.021	\$	123.03	\$	2.46
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	24	25		2,952.71		118.11	.021		123.03		2.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004										PAGE 9,660
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

1,201 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	225	2,662	\$ 95,362.41	\$ 35.82	2.216	\$ 423.83	\$ 79.40
DURABLE MED. EQUIP.	8	10	414.24	41.42	.008	51.78	.34
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	527.57	175.86	.002	175.86	.44
MEDICAL TRANSPORTATION	21	368	1,700.30	4.62	.306	80.97	1.42
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	21	368	1,700.30	4.62	.306	80.97	1.42
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	77	884	61,473.94	69.54	.736	798.36	51.19
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22	247	10,140.40	41.05	.206	460.93	8.44
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	25	330.17	13.21	.021	27.51	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00



PORTABLE X-RAY	2	3	2.06	.69	.002	1.03	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	12	15	1,414.73	94.32	.012	117.89	1.18
HOSPICE SERVICES	6	140	15,906.80	113.62	.117	2651.13	13.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	86	967	3,452.20	3.57	.805	40.14	2.87
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	181	11,977	38,998.92	3.26	9.973	215.46	32.47

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,661
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	7,740	\$ 22,084.64	\$ 2.85	322.500	\$ 1003.85	\$ 920.19
@PHYSICIANS SERVICES	3	4	\$ 137.76	\$ 34.44	.167	\$ 45.92	\$ 5.74
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4	137.76	34.44	.167	45.92	5.74
@PHARMACY	20	6,086	\$ 9,149.42	\$ 1.50	253.583	\$ 457.47	\$ 381.23
PRESCRIPTION DRUGS	18	72	7,970.22	110.70	3.000	442.79	332.09



SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	18	72	7,970.22	110.70	3.000	442.79	332.09
MEDICAL SUPPLIES	12	6,014	1,179.20	.20	250.583	98.27	49.13
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,662  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	19	\$ 338.78	\$ 17.83	.792	\$ 112.93	\$ 14.12
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	19	338.78	17.83	.792	112.93	14.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00



RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	19	338.78	17.83	.792	112.93	14.12
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,663  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	19	\$ 338.78	\$ 17.83	.792	\$ 112.93	\$ 14.12
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	19	338.78	17.83	.792	112.93	14.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	19	338.78	17.83	.792	112.93	14.12
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	20	\$ 1,354.40	\$ 67.72	.833	\$ 112.87	\$ 56.43
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	20	1,354.40	67.72	.833	112.87	56.43

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PLACER COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28      03/14/05

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	1,611	\$ 11,104.28	\$ 6.89	67.125	\$ 555.21	\$ 462.68
DURABLE MED. EQUIP.	1	2	2,059.31	1029.66	.083	2059.31	85.80
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	12	110	7,653.80	69.58	4.583	637.82	318.91
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	167	618.61	3.70	6.958	154.65	25.78
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	1,332	772.56	.58	55.500	128.76	32.19
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	6	23	\$ 476.54	\$ 20.72	.958	\$ 79.42	\$ 19.86

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



#CALIF DEPT OF HEALTH SERV  
MOP024  
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 9,665  
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						----- MONTHLY AVERAGE -----		
781 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	681	66,226	\$ 638,188.40	\$ 9.64	84.796	\$ 937.13	\$ 817.14	
@PHYSICIANS SERVICES	113	509	\$ 8,551.93	\$ 16.80	.652	\$ 75.68	\$ 10.95	
OUTPATIENT VISITS	18	21	988.11	47.05	.027	54.90	1.27	
OFFICE VISITS	14	14	374.49	26.75	.018	26.75	.48	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	5	7	613.62	87.66	.009	122.72	.79	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	6	34	1,371.90	40.35	.044	228.65	1.76	
HOSPITAL VISITS	6	34	1,371.90	40.35	.044	228.65	1.76	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	4	120.00	30.00	.005	30.00	.15	
EXAMINATIONS	4	4	120.00	30.00	.005	30.00	.15	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	4	8	2,430.14	303.77	.010	607.54	3.11	
PRINCIPAL SURGEON	4	4	2,222.24	555.56	.005	555.56	2.85	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	4	207.90	51.98	.005	207.90	.27	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	3	4	17.04	4.26	.005	5.68	.02	



RADIOLOGY	11	22		596.43		27.11	.028	54.22	.76
PSYCHIATRY	1	1		32.98		32.98	.001	32.98	.04
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	90	415		2,995.33		7.22	.531	33.28	3.84
@PHARMACY	606	39,491	\$	435,483.99	\$	11.03	50.565	\$ 718.62	\$ 557.60
PRESCRIPTION DRUGS	571	3,323		410,026.58		123.39	4.255	718.09	525.00
SNF/ICF	21	220		20,079.27		91.27	.282	956.16	25.71
OUTPATIENTS	555	3,103		389,947.31		125.67	3.973	702.61	499.29
MEDICAL SUPPLIES	122	36,168		25,457.41		.70	46.310	208.67	32.60
@DENTIST	33	114	\$	5,750.00	\$	50.44	.146	\$ 174.24	\$ 7.36
VISITS - DIAGNOSTIC	20	51		945.00		18.53	.065	47.25	1.21
ORAL SURGERY	5	29		1,311.00		45.21	.037	262.20	1.68
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	2	2		.00		.00	.003	.00	.00
ENDODONTICS	1	3		920.00		306.67	.004	920.00	1.18
RESTORATIVE DENTISTRY	9	13		1,285.00		98.85	.017	142.78	1.65
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	6	16		1,289.00		80.56	.020	214.83	1.65
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOPO24	FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								
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781 ELIGIBLES		USERS		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY		MONTHLY AVERAGE UNITS/DAYS PER ELIG		COST PER USER		COST PER ELIGIBLE	
@OPTOMETRIST	18			46	\$	1,049.87	\$	22.82		.059	\$	58.33	\$	1.34	
DIAGNOSTIC AND ANC. PROCED	3			3		142.35		47.45		.004		47.45		.18	
EYE APPLIANCES	12			36		606.53		16.85		.046		50.54		.78	
OTHER OPTOMETRIC SERVICES	6			7		300.99		43.00		.009		50.17		.39	
@CHIROPRACTOR	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
VISITS	0			0		.00		.00		.000		.00		.00	
OTHER SERVICES	0			0		.00		.00		.000		.00		.00	
@PODIATRIST	13			24	\$	334.29	\$	13.93		.031	\$	25.71	\$	.43	
MEDICINE/INJECTIONS	1			1		24.00		24.00		.001		24.00		.03	
SURGERY/ANES.	0			0		.00		.00		.000		.00		.00	
RADIO./PATHOLOGY	0			0		.00		.00		.000		.00		.00	
OTHER	12			23		310.29		13.49		.029		25.86		.40	
@HOME HEALTH AGENCY	11			95	\$	7,065.11	\$	74.37		.122	\$	642.28	\$	9.05	
NURSE ANESTHESIST	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
NURSE MIDWIFE	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	0			0	\$	.00	\$	.00		.000	\$	.00	\$	.00	
@TOTAL HOSPITAL	71			505	\$	51,462.18	\$	101.91		.647	\$	724.82	\$	65.89	
HOSP INPATIENT TOTAL	13			32		44,835.24		1401.10		.041		3448.86		57.41	
HSC HOSPITALS	4			32		37,920.00		1185.00		.041		9480.00		48.55	
NON-HSC HOSPITAL TOTAL	0			0		.00		.00		.000		.00		.00	
ACCOMMODATIONS	0			0		.00		.00		.000		.00		.00	
ADMINISTRATIVE DAYS	0			0		.00		.00		.000		.00		.00	
TRANSITIONAL IP CARE	0			0		.00		.00		.000		.00		.00	
ALL OTHER ACCOM	0			0		.00		.00		.000		.00		.00	
ANCILLARIES	0			0		.00		.00		.000		.00		.00	



INPATIENT CROSSOVERS	9	0	6,915.24	.00	.000	768.36	8.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	60	473	6,626.94	14.01	.606	110.45	8.49
MEDICAL	1	1	18.93	18.93	.001	18.93	.02
SURGERY	2	3	368.92	122.97	.004	184.46	.47
PATHOLOGY	7	14	110.68	7.91	.018	15.81	.14
RADIOLOGY	1	1	198.84	198.84	.001	198.84	.25
ROOM USE	5	8	490.82	61.35	.010	98.16	.63
CROSSOVERS/ALL OTH OUTPTNT	53	446	5,438.75	12.19	.571	102.62	6.96
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,667  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

781 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	505	\$ 51,462.18	\$ 101.91	.647	\$ 724.82	\$ 65.89
COMM HOSP INPATIENT TOTAL	13	32	44,835.24	1401.10	.041	3448.86	57.41
HSC HOSPITALS	4	32	37,920.00	1185.00	.041	9480.00	48.55
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	6,915.24	.00	.000	768.36	8.85
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	473	6,626.94	14.01	.606	110.45	8.49
MEDICAL	1	1	18.93	18.93	.001	18.93	.02
SURGERY	2	3	368.92	122.97	.004	184.46	.47
PATHOLOGY	7	14	110.68	7.91	.018	15.81	.14
RADIOLOGY	1	1	198.84	198.84	.001	198.84	.25
ROOM USE	5	8	490.82	61.35	.010	98.16	.63
CROSSOVERS/ALL OTH OUTPTNT	53	446	5,438.75	12.19	.571	102.62	6.96
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	19	482	\$ 70,866.63	\$ 147.03	.617	\$ 3729.82	\$ 90.74
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00



LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	19	482	70,866.63	147.03	.617	3729.82	90.74
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 62.16	\$ 62.16	.001	\$ 62.16	\$ .08
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	62.16	62.16	.001	62.16	.08
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3	10	\$ 123.11	\$ 12.31	.013	\$ 41.04	\$ .16
PATHOLOGY	2	9	98.51	10.95	.012	49.26	.13
XO AND OTHERS	1	1	24.60	24.60	.001	24.60	.03
@ORGANIZED OUTPATIENT CLINIC	70	98	\$ 10,486.61	\$ 107.01	.125	\$ 149.81	\$ 13.43
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	1	1	208.47	208.47	.001	208.47	.27
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	69	97	10,278.14	105.96	.124	148.96	13.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,668
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED						AID CODE 68

781 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	183	24,851	\$ 46,952.52	\$ 1.89	31.819	\$ 256.57	\$ 60.12
DURABLE MED. EQUIP.	13	45	7,127.65	158.39	.058	548.28	9.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,102.10	551.05	.003	551.05	1.41
MEDICAL TRANSPORTATION	22	443	1,690.66	3.82	.567	76.85	2.16
AMBULANCES/AIR TRANS	3	15	409.86	27.32	.019	136.62	.52
OTHER TRANS	19	428	1,280.80	2.99	.548	67.41	1.64
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	14	235	16,361.74	69.62	.301	1168.70	20.95
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	231.98	14.50	.020	29.00	.30
PHYSICAL THERAPIST	2	16	209.39	13.09	.020	104.70	.27
PORTABLE X-RAY	3	5	3.36	.67	.006	1.12	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	68	2,580.79	37.95	.087	151.81	3.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	18	3,463	5,844.83	1.69	4.434	324.71	7.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00



ALL OTHER PROVIDERS	106	20,558		11,800.02		.57	26.323	111.32	15.11
@CALIF. CHILDREN SERVICES*	9	44	\$	5,322.30	\$	120.96	.056	\$ 591.37	\$ 6.81
@XOVER EXCLUDING STATE HOSP**	199	4,314	\$	36,199.63	\$	8.39	5.524	\$ 181.91	\$ 46.35

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,669

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
2,006 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1,575	131,551	\$ 1,117,825.56	\$ 8.50	65.579	\$ 709.73	\$ 557.24
@PHYSICIANS SERVICES	207	688	\$ 11,874.73	\$ 17.26	.343	\$ 57.37	\$ 5.92
OUTPATIENT VISITS	27	29	1,092.46	37.67	.014	40.46	.54
OFFICE VISITS	22	21	410.49	19.55	.010	18.66	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	6	8	681.97	85.25	.004	113.66	.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	35	1,371.90	39.20	.017	195.99	.68
HOSPITAL VISITS	7	35	1,371.90	39.20	.017	195.99	.68
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	120.00	30.00	.002	30.00	.06
EXAMINATIONS	4	4	120.00	30.00	.002	30.00	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	8	2,430.14	303.77	.004	607.54	1.21
PRINCIPAL SURGEON	4	4	2,222.24	555.56	.002	555.56	1.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	207.90	51.98	.002	207.90	.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	5	17.04	3.41	.002	4.26	.01
RADIOLOGY	12	23	605.00	26.30	.011	50.42	.30
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.02
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	178	583	6,205.21	10.64	.291	34.86	3.09
@PHARMACY	1,392	99,143	\$ 688,639.91	\$ 6.95	49.423	\$ 494.71	\$ 343.29
PRESCRIPTION DRUGS	1,330	6,897	644,234.00	93.41	3.438	484.39	321.15
SNF/ICF	54	608	38,110.53	62.68	.303	705.75	19.00
OUTPATIENTS	1,291	6,289	606,123.47	96.38	3.135	469.50	302.16
MEDICAL SUPPLIES	268	92,246	44,405.91	.48	45.985	165.69	22.14
@DENTIST	52	177	\$ 9,495.00	\$ 53.64	.088	\$ 182.60	\$ 4.73
VISITS - DIAGNOSTIC	35	92	1,454.00	15.80	.046	41.54	.72
ORAL SURGERY	10	42	1,944.00	46.29	.021	194.40	.97
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	.00	.00	.001	.00	.00
ENDODONTICS	1	3	920.00	306.67	.001	920.00	.46
RESTORATIVE DENTISTRY	11	18	2,123.00	117.94	.009	193.00	1.06
PROSTHETICS	0	0	.00	.00	.000	.00	.00



DENTURES, STAYPLATES	8	20	3,054.00	152.70	.010	381.75	1.52
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,670  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

	2,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	26	64	\$	1,411.90	\$ 22.06	.032	\$ 54.30	\$ .70
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	47.45	.001	47.45	.07
EYE APPLIANCES	18	51		878.63	17.23	.025	48.81	.44
OTHER OPTOMETRIC SERVICES	8	10		390.92	39.09	.005	48.87	.19
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	21	33	\$	483.67	\$ 14.66	.016	\$ 23.03	\$ .24
MEDICINE/INJECTIONS	1	1		24.00	24.00	.000	24.00	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	20	32		459.67	14.36	.016	22.98	.23
@HOME HEALTH AGENCY	11	95	\$	7,065.11	\$ 74.37	.047	\$ 642.28	\$ 3.52
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	123	938	\$	67,003.65	\$ 71.43	.468	\$ 544.75	\$ 33.40
HOSP INPATIENT TOTAL	26	32		54,478.21	1702.44	.016	2095.32	27.16
HSC HOSPITALS	4	32		37,920.00	1185.00	.016	9480.00	18.90



NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	0	16,558.21	.00	.000	752.65	8.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	101	906	12,525.44	13.82	.452	124.01	6.24
MEDICAL	1	1	18.93	18.93	.000	18.93	.01
SURGERY	2	3	368.92	122.97	.001	184.46	.18
PATHOLOGY	7	14	110.68	7.91	.007	15.81	.06
RADIOLOGY	1	1	198.84	198.84	.000	198.84	.10
ROOM USE	5	8	490.82	61.35	.004	98.16	.24
CROSSOVERS/ALL OTH OUTPTNT	94	879	11,337.25	12.90	.438	120.61	5.65
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,671  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

2,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS    COST PER    COST PER PER ELIG    USER    ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	123	938	\$ 67,003.65	\$ 71.43	.468    \$ 544.75    \$ 33.40
COMM HOSP INPATIENT TOTAL	26	32	54,478.21	1702.44	.016    2095.32    27.16
HSC HOSPITALS	4	32	37,920.00	1185.00	.016    9480.00    18.90
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000    .00    .00
ACCOMMODATIONS	0	0	.00	.00	.000    .00    .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000    .00    .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000    .00    .00
ALL OTHER ACCOM	0	0	.00	.00	.000    .00    .00
ANCILLARIES	0	0	.00	.00	.000    .00    .00
INPATIENT CROSSOVERS	22	0	16,558.21	.00	.000    752.65    8.25
ALL OTHER INPATIENT	0	0	.00	.00	.000    .00    .00
COMM HOSP OUTPATIENT TOTAL	101	906	12,525.44	13.82	.452    124.01    6.24
MEDICAL	1	1	18.93	18.93	.000    18.93    .01
SURGERY	2	3	368.92	122.97	.001    184.46    .18
PATHOLOGY	7	14	110.68	7.91	.007    15.81    .06
RADIOLOGY	1	1	198.84	198.84	.000    198.84    .10
ROOM USE	5	8	490.82	61.35	.004    98.16    .24



CROSSOVERS/ALL OTH OUTPTNT	94	879		11,337.25	12.90	.438	120.61	5.65
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	54	1,134	\$	163,447.44	144.13	.565	3026.80	81.48
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	54	1,134		163,447.44	144.13	.565	3026.80	81.48
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	62.16	62.16	.000	62.16	.03
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		62.16	62.16	.000	62.16	.03
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	11	\$	129.06	11.73	.005	32.27	.06
PATHOLOGY	2	9		98.51	10.95	.004	49.26	.05
XO AND OTHERS	2	2		30.55	15.28	.001	15.28	.02
@ORGANIZED OUTPATIENT CLINIC	106	143	\$	14,793.72	103.45	.071	139.56	7.37
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	1	1		208.47	208.47	.000	208.47	.10
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	105	142		14,585.25	102.71	.071	138.91	7.27
#CALIF DEPT OF HEALTH SERV								
MOP024								
PLACER COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

PAGE 9,672  
03/14/05

	2,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	428		29,124	\$ 153,419.21	\$ 5.27	14.518	\$ 358.46	\$ 76.48
DURABLE MED. EQUIP.	22		57	9,601.20	168.44	.028	436.42	4.79
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5		5	1,629.67	325.93	.002	325.93	.81
MEDICAL TRANSPORTATION	43		811	3,390.96	4.18	.404	78.86	1.69
AMBULANCES/AIR TRANS	3		15	409.86	27.32	.007	136.62	.20
OTHER TRANS	40		796	2,981.10	3.75	.397	74.53	1.49
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	103		1,229	85,489.48	69.56	.613	829.99	42.62
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	22		247	10,140.40	41.05	.123	460.93	5.06
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	20		41	562.15	13.71	.020	28.11	.28
PHYSICAL THERAPIST	2		16	209.39	13.09	.008	104.70	.10
PORTABLE X-RAY	5		8	5.42	.68	.004	1.08	.00
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29		83	3,995.52	48.14	.041	137.78	1.99



HOSPICE SERVICES	6	140		15,906.80	113.62	.070	2651.13	7.93
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	3,630		6,463.44	1.78	1.810	293.79	3.22
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	198	22,857		16,024.78	.70	11.394	80.93	7.99
@CALIF. CHILDREN SERVICES*	9	44	\$	5,322.30	\$ 120.96	.022	\$ 591.37	\$ 2.65
@XOVER EXCLUDING STATE HOSP**	386	16,314	\$	75,675.09	\$ 4.64	8.133	\$ 196.05	\$ 37.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,673

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

12,609 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,743	330,761	\$ 4,941,232.98	\$ 14.94	26.232	\$ 507.16	\$ 391.88
@PHYSICIANS SERVICES	1,664	4,557	\$ 73,685.26	\$ 16.17	.361	\$ 44.28	\$ 5.84
OUTPATIENT VISITS	185	226	6,533.17	28.91	.018	35.31	.52
OFFICE VISITS	175	214	5,692.49	26.60	.017	32.53	.45
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	13	12	840.68	70.06	.001	64.67	.07
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	19	38	1,088.31	28.64	.003	57.28	.09
HOSPITAL VISITS	18	37	1,088.31	29.41	.003	60.46	.09
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	8	274.85	34.36	.001	34.36	.02
EXAMINATIONS	8	8	274.85	34.36	.001	34.36	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	127.35	42.45	.000	42.45	.01
PRINCIPAL SURGEON	3	3	127.35	42.45	.000	42.45	.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	20	32	2,595.32	81.10	.003	129.77	.21
PRINCIPAL SURGEON	18	23	2,254.04	98.00	.002	125.22	.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	9	341.28	37.92	.001	113.76	.03
DIALYSIS	5	14	2,108.46	150.60	.001	421.69	.17
PATHOLOGY	30	48	610.44	12.72	.004	20.35	.05
RADIOLOGY	67	100	6,854.79	68.55	.008	102.31	.54
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	9	127.87	14.21	.001	18.27	.01
OTHER SERVICES/ALL X-OVERS	1,468	4,079	53,364.70	13.08	.323	36.35	4.23
@PHARMACY	8,687	210,809	\$ 2,513,922.28	\$ 11.93	16.719	\$ 289.39	\$ 199.38
PRESCRIPTION DRUGS	8,517	35,146	2,427,314.81	69.06	2.787	285.00	192.51
SNF/ICF	459	3,007	169,019.01	56.21	.238	368.23	13.40
OUTPATIENTS	8,109	32,139	2,258,295.80	70.27	2.549	278.49	179.10
MEDICAL SUPPLIES	983	175,663	86,607.47	.49	13.932	88.11	6.87
@DENTIST	397	1,436	\$ 74,508.70	\$ 51.89	.114	\$ 187.68	\$ 5.91
VISITS - DIAGNOSTIC	247	850	11,206.05	13.18	.067	45.37	.89
ORAL SURGERY	65	178	7,923.55	44.51	.014	121.90	.63



DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	19	20	2,050.10	102.51	.002	107.90	.16
ENDODONTICS	16	22	5,229.25	237.69	.002	326.83	.41
RESTORATIVE DENTISTRY	67	176	12,362.25	70.24	.014	184.51	.98
PROSTHETICS	7	7	230.00	32.86	.001	32.86	.02
DENTURES, STAYPLATES	99	170	35,482.50	208.72	.013	358.41	2.81
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	12	.00	.00	.001	.00	.00

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12,609 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	252	632	\$ 13,533.03	\$ 21.41	.050	\$ 53.70	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	36	37	1,533.65	41.45	.003	42.60	.12
EYE APPLIANCES	173	493	8,934.55	18.12	.039	51.64	.71
OTHER OPTOMETRIC SERVICES	65	102	3,064.83	30.05	.008	47.15	.24
@CHIROPRACTOR	3	7	\$ 108.68	\$ 15.53	.001	\$ 36.23	\$ .01
VISITS	2	6	91.96	15.33	.000	45.98	.01
OTHER SERVICES	1	1	16.72	16.72	.000	16.72	.00
@PODIATRIST	199	274	\$ 2,133.04	\$ 7.78	.022	\$ 10.72	\$ .17
MEDICINE/INJECTIONS	5	6	144.00	24.00	.000	28.80	.01
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	194	267	1,970.04	7.38	.021	10.15	.16
@HOME HEALTH AGENCY	1	1	\$ 74.86	\$ 74.86	.000	\$ 74.86	\$ .01
NURSE ANESTHESIST	4	43	139.92	3.25	.003	34.98	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	6	91.26	15.21	.000	45.63	.01
@TOTAL HOSPITAL	603	4,893	\$ 331,165.52	\$ 67.68	.388	\$ 549.20	\$ 26.26
HOSP INPATIENT TOTAL	113	149	257,145.72	1725.81	.012	2275.63	20.39
HSC HOSPITALS	31	115	121,100.68	1053.05	.009	3906.47	9.60
NON-HSC HOSPITAL TOTAL	4	34	76,099.80	2238.23	.003	19024.95	6.04
ACCOMMODATIONS	4	34	23,814.03	700.41	.003	5953.51	1.89
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	34	23,814.03	700.41	.003	5953.51	1.89
ANCILLARIES	4	0	52,285.77	.00	.000	13071.44	4.15
INPATIENT CROSSOVERS	78	0	59,945.24	.00	.000	768.53	4.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	501	4,744	74,019.80	15.60	.376	147.74	5.87
MEDICAL	6	8	275.39	34.42	.001	45.90	.02
SURGERY	1	1	70.59	70.59	.000	70.59	.01
PATHOLOGY	29	141	1,293.14	9.17	.011	44.59	.10
RADIOLOGY	13	27	2,732.67	101.21	.002	210.21	.22
ROOM USE	9	9	466.94	51.88	.001	51.88	.04
CROSSOVERS/ALL OTH OUTPTNT	466	4,558	69,181.07	15.18	.361	148.46	5.49
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00



NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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					----- MONTHLY AVERAGE -----			
12,609 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	603	4,893	\$ 331,165.52	\$ 67.68	.388	\$ 549.20	\$ 26.26	
COMM HOSP INPATIENT TOTAL	113	149	257,145.72	1725.81	.012	2275.63	20.39	
HSC HOSPITALS	31	115	121,100.68	1053.05	.009	3906.47	9.60	
NON-HSC HOSPITALS TOTAL	4	34	76,099.80	2238.23	.003	19024.95	6.04	
ACCOMMODATIONS	4	34	23,814.03	700.41	.003	5953.51	1.89	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	34	23,814.03	700.41	.003	5953.51	1.89	
ANCILLARIES	4	0	52,285.77	.00	.000	13071.44	4.15	
INPATIENT CROSSOVERS	78	0	59,945.24	.00	.000	768.53	4.75	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	



COMM HOSP OUTPATIENT TOTAL	501	4,744		74,019.80		15.60	.376	147.74	5.87
MEDICAL	6	8		275.39		34.42	.001	45.90	.02
SURGERY	1	1		70.59		70.59	.000	70.59	.01
PATHOLOGY	29	141		1,293.14		9.17	.011	44.59	.10
RADIOLOGY	13	27		2,732.67		101.21	.002	210.21	.22
ROOM USE	9	9		466.94		51.88	.001	51.88	.04
CROSSOVERS/ALL OTH OUTPTNT	466	4,558		69,181.07		15.18	.361	148.46	5.49
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	434	10,884	\$	1,431,442.54	\$	131.52	.863	3298.25	113.53
LEV A-INTERMEDIATE	1	36		1,834.39		50.96	.003	1834.39	.15
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	433	10,848		1,429,608.15		131.79	.860	3301.64	113.38
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	19	604	\$	30,448.41	\$	50.41	.048	1602.55	2.41
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	19	604		30,448.41		50.41	.048	1602.55	2.41
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	83	301	\$	3,243.83	\$	10.78	.024	39.08	.26
PATHOLOGY	73	275		2,983.45		10.85	.022	40.87	.24
XO AND OTHERS	10	26		260.38		10.01	.002	26.04	.02
@ORGANIZED OUTPATIENT CLINIC	351	534	\$	54,337.02	\$	101.75	.042	154.81	4.31
CLINIC	5	12		620.81		51.73	.001	124.16	.05
SURGICENTER	32	58		6,892.35		118.83	.005	215.39	.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	318	464		46,823.86		100.91	.037	147.24	3.71

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	12,609 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,583	95,780	\$	412,398.63	\$ 4.31	7.596	\$ 260.52	\$ 32.71
DURABLE MED. EQUIP.	45	70		9,162.51	130.89	.006	203.61	.73
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	23		8,287.68	360.33	.002	436.19	.66
MEDICAL TRANSPORTATION	154	5,766		16,624.06	2.88	.457	107.95	1.32
AMBULANCES/AIR TRANS	12	59		1,214.31	20.58	.005	101.19	.10
OTHER TRANS	132	5,591		15,197.90	2.72	.443	115.14	1.21
OTHER SERVICES	13	116		211.85	1.83	.009	16.30	.02
ACUPUNCTURE	6	33		529.85	16.06	.003	88.31	.04
ADULT DAY HEALTH CARE CTR	228	2,873		199,819.00	69.55	.228	876.40	15.85
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	126	1,324		60,119.68	45.41	.105	477.14	4.77
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	229	522		6,435.56	12.33	.041	28.10	.51
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00



PORTABLE X-RAY	26	45	42.01	.93	.004	1.62	.00
PROSTHETIST/ORTHOTISTS	3	4	88.63	22.16	.000	29.54	.01
PROSTHETICS	3	4	88.63	22.16	.000	29.54	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	59.71	29.86	.000	59.71	.00
SPEECH AND AUDIOLOGY	54	91	7,574.67	83.24	.007	140.27	.60
HOSPICE SERVICES	18	602	72,238.07	120.00	.048	4013.23	5.73
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	805	84,425	31,417.20	.37	6.696	39.03	2.49
@CALIF. CHILDREN SERVICES*	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2,705	28,803	\$ 364,973.62	\$ 12.67	2.284	\$ 134.93	\$ 28.95

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,677
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PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

1,342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,043	85,723	\$ 938,126.60	\$ 10.94	63.877	\$ 899.45	\$ 699.05
@PHYSICIANS SERVICES	306	731	\$ 24,161.41	\$ 33.05	.545	\$ 78.96	\$ 18.00
OUTPATIENT VISITS	97	135	4,899.28	36.29	.101	50.51	3.65
OFFICE VISITS	78	104	3,405.33	32.74	.077	43.66	2.54
HOME VISITS	2	2	74.84	37.42	.001	37.42	.06
EMERGENCY ROOM	15	20	1,184.78	59.24	.015	78.99	.88
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9	234.33	26.04	.007	26.04	.17
INPATIENT VISITS	19	48	1,694.50	35.30	.036	89.18	1.26
HOSPITAL VISITS	4	26	1,065.80	40.99	.019	266.45	.79
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	17	22	628.70	28.58	.016	36.98	.47
OPHTHALMOLOGICAL SERVICES	17	21	863.61	41.12	.016	50.80	.64
EXAMINATIONS	17	21	863.61	41.12	.016	50.80	.64
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	75.58	75.58	.001	75.58	.06
PRINCIPAL SURGEON	1	1	75.58	75.58	.001	75.58	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	15	26	5,090.31	195.78	.019	339.35	3.79
PRINCIPAL SURGEON	13	16	4,646.49	290.41	.012	357.42	3.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	10	443.82	44.38	.007	110.96	.33
DIALYSIS	1	2	450.08	225.04	.001	450.08	.34
PATHOLOGY	6	8	45.58	5.70	.006	7.60	.03
RADIOLOGY	42	61	3,835.06	62.87	.045	91.31	2.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	10	233.25	23.33	.007	33.32	.17
OTHER SERVICES/ALL X-OVERS	154	419	6,974.16	16.64	.312	45.29	5.20
@PHARMACY	870	38,211	\$ 359,247.28	\$ 9.40	28.473	\$ 412.93	\$ 267.70
PRESCRIPTION DRUGS	844	3,552	336,284.94	94.67	2.647	398.44	250.58



SNF/ICF	72	504		39,390.48	78.16	.376	547.09	29.35
OUTPATIENTS	778	3,048		296,894.46	97.41	2.271	381.61	221.23
MEDICAL SUPPLIES	184	34,659		22,962.34	.66	25.826	124.80	17.11
@DENTIST	60	264	\$	10,013.75	\$ 37.93	.197	\$ 166.90	\$ 7.46
VISITS - DIAGNOSTIC	35	137		1,650.75	12.05	.102	47.16	1.23
ORAL SURGERY	9	26		937.00	36.04	.019	104.11	.70
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	4		354.00	88.50	.003	118.00	.26
ENDODONTICS	4	7		1,165.00	166.43	.005	291.25	.87
RESTORATIVE DENTISTRY	20	41		3,382.00	82.49	.031	169.10	2.52
PROSTHETICS	2	2		.00	.00	.001	.00	.00
DENTURES, STAYPLATES	5	47		2,525.00	53.72	.035	505.00	1.88
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

1,342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	66	\$ 4,753.76	\$ 72.03	.049	\$ 169.78	\$ 3.54
DIAGNOSTIC AND ANC. PROCED	10	10	537.61	53.76	.007	53.76	.40
EYE APPLIANCES	18	52	4,072.21	78.31	.039	226.23	3.03
OTHER OPTOMETRIC SERVICES	5	4	143.94	35.99	.003	28.79	.11
@CHIROPRACTOR	2	4	\$ 54.34	\$ 13.59	.003	\$ 27.17	\$ .04
VISITS	2	4	54.34	13.59	.003	27.17	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	21	22	\$ 280.80	\$ 12.76	.016	\$ 13.37	\$ .21
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	21	22	280.80	12.76	.016	13.37	.21
@HOME HEALTH AGENCY	10	1,419	\$ 42,233.42	\$ 29.76	1.057	\$ 4223.34	\$ 31.47
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	116	843	\$ 125,136.98	\$ 148.44	.628	\$ 1078.77	\$ 93.25
HOSP INPATIENT TOTAL	18	73	111,503.69	1527.45	.054	6194.65	83.09
HSC HOSPITALS	7	49	58,844.19	1200.90	.037	8406.31	43.85
NON-HSC HOSPITAL TOTAL	2	24	44,639.84	1859.99	.018	22319.92	33.26
ACCOMMODATIONS	2	24	14,326.10	596.92	.018	7163.05	10.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	14,326.10	596.92	.018	7163.05	10.68
ANCILLARIES	2	0	30,313.74	.00	.000	15156.87	22.59
INPATIENT CROSSOVERS	9	0	8,019.66	.00	.000	891.07	5.98
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	100	770	13,633.29	17.71	.574	136.33	10.16
MEDICAL	10	13	410.53	31.58	.010	41.05	.31
SURGERY	8	9	508.04	56.45	.007	63.51	.38
PATHOLOGY	33	158	1,604.35	10.15	.118	48.62	1.20



RADIOLOGY	13	17	1,344.64	79.10	.013	103.43	1.00
ROOM USE	28	35	1,403.29	40.09	.026	50.12	1.05
CROSSOVERS/ALL OTH OUTPTNT	62	538	8,362.44	15.54	.401	134.88	6.23
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,679  
MPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

					----- MONTHLY AVERAGE -----			
1,342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	116	843	\$ 125,136.98	\$ 148.44	.628	\$ 1078.77	\$ 93.25	
COMM HOSP INPATIENT TOTAL	18	73	111,503.69	1527.45	.054	6194.65	83.09	
HSC HOSPITALS	7	49	58,844.19	1200.90	.037	8406.31	43.85	
NON-HSC HOSPITALS TOTAL	2	24	44,639.84	1859.99	.018	22319.92	33.26	
ACCOMMODATIONS	2	24	14,326.10	596.92	.018	7163.05	10.68	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	24	14,326.10	596.92	.018	7163.05	10.68	
ANCILLARIES	2	0	30,313.74	.00	.000	15156.87	22.59	
INPATIENT CROSSOVERS	9	0	8,019.66	.00	.000	891.07	5.98	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	100	770	13,633.29	17.71	.574	136.33	10.16	
MEDICAL	10	13	410.53	31.58	.010	41.05	.31	
SURGERY	8	9	508.04	56.45	.007	63.51	.38	
PATHOLOGY	33	158	1,604.35	10.15	.118	48.62	1.20	
RADIOLOGY	13	17	1,344.64	79.10	.013	103.43	1.00	
ROOM USE	28	35	1,403.29	40.09	.026	50.12	1.05	
CROSSOVERS/ALL OTH OUTPTNT	62	538	8,362.44	15.54	.401	134.88	6.23	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	63	1,639	\$ 207,845.32	\$ 126.81	1.221	\$ 3299.13	\$ 154.88	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	63	1,639	207,845.32	126.81	1.221	3299.13	154.88	
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00	



ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	49	194	\$	29,437.36	\$ 151.74	.145	\$ 600.76	\$ 21.94
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	49	194		29,437.36	151.74	.145	600.76	21.94
@REHABILITATION FACILITY	2	2	\$	68.42	\$ 34.21	.001	\$ 34.21	\$ .05
HOSPITAL BASED	1	1		47.23	47.23	.001	47.23	.04
INDEPENDENT FACILITY	1	1		21.19	21.19	.001	21.19	.02
@LABORATORY FACILITY	57	233	\$	3,617.05	\$ 15.52	.174	\$ 63.46	\$ 2.70
PATHOLOGY	57	233		3,617.05	15.52	.174	63.46	2.70
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	124	205	\$	24,599.79	\$ 120.00	.153	\$ 198.39	\$ 18.33
CLINIC	9	20		985.71	49.29	.015	109.52	.73
SURGICENTER	6	27		1,609.94	59.63	.020	268.32	1.20
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	110	158		22,004.14	139.27	.118	200.04	16.40

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,680  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

	1,342 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	223		41,890	\$ 106,676.92	\$ 2.55	31.215	\$ 478.37	\$ 79.49
DURABLE MED. EQUIP.	20		71	12,094.97	170.35	.053	604.75	9.01
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2		2	50.00	25.00	.001	25.00	.04
MEDICAL TRANSPORTATION	71		12,392	40,472.43	3.27	9.234	570.03	30.16
AMBULANCES/AIR TRANS	16		85	2,076.78	24.43	.063	129.80	1.55
OTHER TRANS	57		12,300	38,379.21	3.12	9.165	673.32	28.60
OTHER SERVICES	1		7	16.44	2.35	.005	16.44	.01
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	19	269	18,630.07	69.26	.200	980.53	13.88
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	22	3,134.60	142.48	.016	522.43	2.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	40	755.46	18.89	.030	47.22	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	111.97	9.33	.009	16.00	.08
PROSTHETIST/ORTHOTISTS	4	21	3,130.71	149.08	.016	782.68	2.33
PROSTHETICS	4	21	3,130.71	149.08	.016	782.68	2.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	41	1,567.70	38.24	.031	142.52	1.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	4,216	15,175.12	3.60	3.142	303.50	11.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	24,804	11,553.89	.47	18.483	189.41	8.61
@CALIF. CHILDREN SERVICES*	33	4,600	\$ 45,350.24	\$ 9.86	3.428	\$ 1374.25	\$ 33.79
@XOVER EXCLUDING STATE HOSP**	225	1,641	\$ 61,271.09	\$ 37.34	1.223	\$ 272.32	\$ 45.66

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,681  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

49,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS    COST PER    COST PER PER ELIG    USER    ELIGIBLE
@TOTAL, ALL PROVIDERS	39,017	1,039,235	\$ 28,270,263.48	\$ 27.20	20.996 \$ 724.56 \$ 571.16
@PHYSICIANS SERVICES	11,532	37,843	\$ 1,444,062.29	\$ 38.16	.765 \$ 125.22 \$ 29.18
OUTPATIENT VISITS	6,282	9,257	346,873.51	37.47	.187 55.22 7.01
OFFICE VISITS	4,545	6,339	199,500.68	31.47	.128 43.89 4.03
HOME VISITS	105	116	4,207.80	36.27	.002 40.07 .09
EMERGENCY ROOM	1,538	1,925	118,630.28	61.63	.039 77.13 2.40
PREVENTIVE CARE	1	1	54.83	54.83	.000 54.83 .00
OB VISITS/COMPRE PERI	30	56	3,496.83	62.44	.001 116.56 .07
OTHER OUTPATIENT	680	820	20,983.09	25.59	.017 30.86 .42
INPATIENT VISITS	664	2,634	130,653.47	49.60	.053 196.77 2.64
HOSPITAL VISITS	546	2,295	103,823.61	45.24	.046 190.15 2.10
CRITICAL CARE	41	149	20,420.16	137.05	.003 498.05 .41
SNF/ICF/TRANS IP CARE	123	190	6,409.70	33.74	.004 52.11 .13
OPHTHALMOLOGICAL SERVICES	154	198	7,544.92	38.11	.004 48.99 .15
EXAMINATIONS	152	195	7,454.34	38.23	.004 49.04 .15
SERVICES AND MATERIALS	3	3	90.58	30.19	.000 30.19 .00
INPATIENT HOSPITAL SURGERY	271	1,732	172,001.96	99.31	.035 634.69 3.48
PRINCIPAL SURGEON	191	298	132,312.90	444.00	.006 692.74 2.67
ASSISTANT SURGEON	31	30	6,800.32	226.68	.001 219.37 .14
ANESTHESIOLOGIST	113	1,404	32,888.74	23.43	.028 291.05 .66
OUTPATIENT SURGERY	847	1,910	160,437.30	84.00	.039 189.42 3.24
PRINCIPAL SURGEON	719	916	131,950.51	144.05	.019 183.52 2.67
ASSISTANT SURGEON	11	12	1,394.49	116.21	.000 126.77 .03
ANESTHESIOLOGIST	184	982	27,092.30	27.59	.020 147.24 .55
DIALYSIS	61	182	16,006.61	87.95	.004 262.40 .32
PATHOLOGY	644	1,148	19,096.56	16.63	.023 29.65 .39



RADIOLOGY	2,509	4,860		278,161.08		57.23	.098	110.87	5.62
PSYCHIATRY	92	105		3,548.24		33.79	.002	38.57	.07
IMMUNIZATION AND INJECTION	356	1,659		45,066.69		27.16	.034	126.59	.91
OTHER SERVICES/ALL X-OVERS	4,662	14,158		264,671.95		18.69	.286	56.77	5.35
@PHARMACY	32,032	574,262	\$	15,454,125.64	\$	26.91	11.602	\$ 482.46	\$ 312.23
PRESCRIPTION DRUGS	31,591	141,843		14,165,882.12		99.87	2.866	448.42	286.20
SNF/ICF	956	8,491		566,664.67		66.74	.172	592.75	11.45
OUTPATIENTS	30,851	133,352		13,599,217.45		101.98	2.694	440.80	274.75
MEDICAL SUPPLIES	2,837	432,419		1,288,243.52		2.98	8.736	454.09	26.03
@DENTIST	2,611	11,180	\$	425,510.08	\$	38.06	.226	\$ 162.97	\$ 8.60
VISITS - DIAGNOSTIC	1,737	7,068		95,763.75		13.55	.143	55.13	1.93
ORAL SURGERY	444	1,051		53,143.85		50.57	.021	119.69	1.07
DRUGS	18	18		375.00		20.83	.000	20.83	.01
ANESTHESIA	4	4		300.00		75.00	.000	75.00	.01
PERIODONTICS	118	137		14,266.00		104.13	.003	120.90	.29
ENDODONTICS	183	259		62,763.50		242.33	.005	342.97	1.27
RESTORATIVE DENTISTRY	751	1,747		117,229.40		67.10	.035	156.10	2.37
PROSTHETICS	28	30		830.00		27.67	.001	29.64	.02
DENTURES, STAYPLATES	255	771		79,881.50		103.61	.016	313.26	1.61
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000	112.08	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	17	17		770.00		45.29	.000	45.29	.02
ALL OTHER SERVICES	74	77		75.00		.97	.002	1.01	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

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03/14/05

49,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,073	2,949	\$ 61,833.54	\$ 20.97	.060	\$ 57.63	\$ 1.25
DIAGNOSTIC AND ANC. PROCED	473	492	20,323.38	41.31	.010	42.97	.41
EYE APPLIANCES	778	2,232	36,135.56	16.19	.045	46.45	.73
OTHER OPTOMETRIC SERVICES	141	225	5,374.60	23.89	.005	38.12	.11
@CHIROPRACTOR	177	310	\$ 5,123.59	\$ 16.53	.006	\$ 28.95	\$ .10
VISITS	170	301	5,007.64	16.64	.006	29.46	.10
OTHER SERVICES	7	9	115.95	12.88	.000	16.56	.00
@PODIATRIST	444	719	\$ 13,192.53	\$ 18.35	.015	\$ 29.71	\$ .27
MEDICINE/INJECTIONS	144	161	5,072.72	31.51	.003	35.23	.10
SURGERY/ANES.	9	13	2,169.08	166.85	.000	241.01	.04
RADIO./PATHOLOGY	3	4	70.92	17.73	.000	23.64	.00
OTHER	298	541	5,879.81	10.87	.011	19.73	.12
@HOME HEALTH AGENCY	183	4,740	\$ 193,252.11	\$ 40.77	.096	\$ 1056.02	\$ 3.90
NURSE ANESTHESIST	8	102	\$ 318.29	\$ 3.12	.002	\$ 39.79	\$ .01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	44	108	\$ 2,651.38	\$ 24.55	.002	\$ 60.26	\$ .05
@TOTAL HOSPITAL	5,751	39,733	\$ 4,539,982.03	\$ 114.26	.803	\$ 789.42	\$ 91.72
HOSP INPATIENT TOTAL	581	2,350	3,618,344.46	1539.72	.047	6227.79	73.10
HSC HOSPITALS	276	1,622	2,154,230.78	1328.13	.033	7805.18	43.52
NON-HSC HOSPITAL TOTAL	142	728	1,261,221.20	1732.45	.015	8881.84	25.48
ACCOMMODATIONS	142	728	424,445.10	583.03	.015	2989.05	8.58
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.06
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	141	715	421,438.20	589.42	.014	2988.92	8.51
ANCILLARIES	142	0	836,776.10	.00	.000	5892.79	16.91



INPATIENT CROSSOVERS	174	0	202,892.48	.00	.000	1166.05	4.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,360	37,383	921,637.57	24.65	.755	171.95	18.62
MEDICAL	939	1,520	65,500.41	43.09	.031	69.76	1.32
SURGERY	419	480	19,185.34	39.97	.010	45.79	.39
PATHOLOGY	1,985	11,638	116,359.65	10.00	.235	58.62	2.35
RADIOLOGY	1,180	1,846	159,472.13	86.39	.037	135.15	3.22
ROOM USE	2,539	3,686	136,306.96	36.98	.074	53.69	2.75
CROSSOVERS/ALL OTH OUTPTNT	2,846	18,213	424,813.08	23.32	.368	149.27	8.58
@COUNTY HOSPITAL TOTAL	37	194	\$ 66,554.85	\$ 343.07	.004	\$ 1798.78	\$ 1.34
CO HOSPITAL INPATIENT TOTAL	5	86	63,425.56	737.51	.002	12685.11	1.28
HSC HOSPITALS	1	6	8,112.00	1352.00	.000	8112.00	.16
NON-HSC HOSPITALS TOTAL	4	80	55,313.56	691.42	.002	13828.39	1.12
ACCOMMODATIONS	4	80	18,504.00	231.30	.002	4626.00	.37
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	80	18,504.00	231.30	.002	4626.00	.37
ANCILLARIES	4	0	36,809.56	.00	.000	9202.39	.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	32	108	3,129.29	28.97	.002	97.79	.06
MEDICAL	17	27	925.69	34.28	.001	54.45	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	38	516.50	13.59	.001	64.56	.01
RADIOLOGY	1	1	138.67	138.67	.000	138.67	.00
ROOM USE	19	28	987.79	35.28	.001	51.99	.02
CROSSOVERS/ALL OTH OUTPTNT	8	14	560.64	40.05	.000	70.08	.01

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					----- MONTHLY AVERAGE -----			
49,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5,716	39,539	\$ 4,473,427.18	\$ 113.14	.799	\$ 782.61	\$ 90.38	
COMM HOSP INPATIENT TOTAL	576	2,264	3,554,918.90	1570.19	.046	6171.73	71.82	
HSC HOSPITALS	275	1,616	2,146,118.78	1328.04	.033	7804.07	43.36	
NON-HSC HOSPITALS TOTAL	138	648	1,205,907.64	1860.97	.013	8738.46	24.36	
ACCOMMODATIONS	138	648	405,941.10	626.45	.013	2941.60	8.20	
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.06	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	137	635	402,934.20	634.54	.013	2941.13	8.14	
ANCILLARIES	138	0	799,966.54	.00	.000	5796.86	16.16	
INPATIENT CROSSOVERS	174	0	202,892.48	.00	.000	1166.05	4.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5,330	37,275	918,508.28	24.64	.753	172.33	18.56	
MEDICAL	922	1,493	64,574.72	43.25	.030	70.04	1.30	
SURGERY	419	480	19,185.34	39.97	.010	45.79	.39	
PATHOLOGY	1,977	11,600	115,843.15	9.99	.234	58.60	2.34	
RADIOLOGY	1,179	1,845	159,333.46	86.36	.037	135.14	3.22	
ROOM USE	2,521	3,658	135,319.17	36.99	.074	53.68	2.73	
CROSSOVERS/ALL OTH OUTPTNT	2,838	18,199	424,252.44	23.31	.368	149.49	8.57	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	456	12,804	\$ 1,651,751.70	\$ 129.00	.259	\$ 3622.26	\$ 33.37	
LEV A-INTERMEDIATE	2	26	1,741.19	66.97	.001	870.60	.04	



LEV B-REHAB MD	1	17	2,130.44	125.32	.000	2130.44	.04
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	453	12,761	1,647,880.07	129.13	.258	3637.70	33.29
@INTERMEDIATE CARE FACIL.-DD	180	5,471	\$ 1,070,808.96	\$ 195.72	.111	\$ 5948.94	\$ 21.63
ICF DDH	53	1,597	270,419.06	169.33	.032	5102.25	5.46
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	127	3,874	800,389.90	206.61	.078	6302.28	16.17
@HEMODIALYSIS TOTAL	240	5,523	\$ 271,387.24	\$ 49.14	.112	\$ 1130.78	\$ 5.48
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	240	5,523	271,387.24	49.14	.112	1130.78	5.48
@REHABILITATION FACILITY	48	286	\$ 6,340.88	\$ 22.17	.006	\$ 132.10	\$ .13
HOSPITAL BASED	34	133	4,085.73	30.72	.003	120.17	.08
INDEPENDENT FACILITY	14	153	2,255.15	14.74	.003	161.08	.05
@LABORATORY FACILITY	2,276	9,163	\$ 105,206.33	\$ 11.48	.185	\$ 46.22	\$ 2.13
PATHOLOGY	2,240	9,052	104,705.16	11.57	.183	46.74	2.12
XO AND OTHERS	36	111	501.17	4.52	.002	13.92	.01
@ORGANIZED OUTPATIENT CLINIC	4,733	7,914	\$ 1,095,861.20	\$ 138.47	.160	\$ 231.54	\$ 22.14
CLINIC	297	657	17,730.38	26.99	.013	59.70	.36
SURGICENTER	108	421	21,591.55	51.29	.009	199.92	.44
HEROIN DETOX CLINIC	6	81	1,003.18	12.38	.002	167.20	.02
RURAL HEALTH CLINIC	4,346	6,755	1,055,536.09	156.26	.136	242.88	21.33
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49,496 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,328	326,128	\$ 1,928,855.69	\$ 5.91	6.589	\$ 304.81	\$ 38.97
DURABLE MED. EQUIP.	550	2,239	294,167.55	131.38	.045	534.85	5.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	34	6,988.26	205.54	.001	240.97	.14
MEDICAL TRANSPORTATION	1,067	51,622	239,411.19	4.64	1.043	224.38	4.84
AMBULANCES/AIR TRANS	620	5,068	94,855.68	18.72	.102	152.99	1.92
OTHER TRANS	447	46,383	133,240.78	2.87	.937	298.08	2.69
OTHER SERVICES	46	171	11,314.73	66.17	.003	245.97	.23
ACUPUNCTURE	17	40	735.28	18.38	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	579	9,693	673,345.16	69.47	.196	1162.95	13.60
GENETIC DISEASE TESTING	6	6	630.00	105.00	.000	105.00	.01
IHMC,MODEL-NF,NF,AIDS,MSSP	102	3,874	141,808.28	36.61	.078	1390.28	2.87
OCCUPATIONAL THERAPIST	22	357	1,854.79	5.20	.007	84.31	.04
OPTICIAN	837	1,840	19,633.45	10.67	.037	23.46	.40
PHYSICAL THERAPIST	6	42	558.35	13.29	.001	93.06	.01
PORTABLE X-RAY	44	79	960.84	12.16	.002	21.84	.02
PROSTHETIST/ORTHOTISTS	76	193	27,087.55	140.35	.004	356.42	.55
PROSTHETICS	76	193	27,087.55	140.35	.004	356.42	.55
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	21	32	690.02	21.56	.001	32.86	.01
SPEECH AND AUDIOLOGY	930	4,057	172,494.57	42.52	.082	185.48	3.49
HOSPICE SERVICES	25	479	60,765.34	126.86	.010	2430.61	1.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	838	39,451	152,418.34	3.86	.797	181.88	3.08
EPSDT SUPPLEMENTAL SERVICE	8	683	20,087.03	29.41	.014	2510.88	.41
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00



ALL OTHER PROVIDERS	1,728	211,407		115,219.69		.55	4.271	66.68	2.33
@CALIF. CHILDREN SERVICES*	653	29,468	\$	1,599,097.85	\$	54.27	.595	\$ 2448.85	\$ 32.31
@XOVER EXCLUDING STATE HOSP**	5,438	45,548	\$	733,184.98	\$	16.10	.920	\$ 134.83	\$ 14.81

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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						----- MONTHLY AVERAGE -----		
48,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	23,925	101,714	\$ 5,100,894.00	\$ 50.15	2.098	\$ 213.20	\$ 105.21	
@PHYSICIANS SERVICES	10,757	23,341	\$ 983,580.15	\$ 42.14	.481	\$ 91.44	\$ 20.29	
OUTPATIENT VISITS	8,827	11,659	418,623.36	35.91	.240	47.43	8.63	
OFFICE VISITS	6,286	7,896	251,841.09	31.89	.163	40.06	5.19	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1,955	2,268	114,783.95	50.61	.047	58.71	2.37	
PREVENTIVE CARE	8	8	386.35	48.29	.000	48.29	.01	
OB VISITS/COMPRE PERI	225	385	25,776.15	66.95	.008	114.56	.53	
OTHER OUTPATIENT	1,006	1,102	25,835.82	23.44	.023	25.68	.53	
INPATIENT VISITS	266	782	51,222.53	65.50	.016	192.57	1.06	
HOSPITAL VISITS	256	611	29,568.74	48.39	.013	115.50	.61	
CRITICAL CARE	23	171	21,653.79	126.63	.004	941.47	.45	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	78	106	4,163.65	39.28	.002	53.38	.09	
EXAMINATIONS	77	105	4,143.65	39.46	.002	53.81	.09	
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00	
INPATIENT HOSPITAL SURGERY	278	1,211	166,145.08	137.20	.025	597.64	3.43	
PRINCIPAL SURGEON	183	232	135,005.45	581.92	.005	737.73	2.78	
ASSISTANT SURGEON	38	35	5,981.23	170.89	.001	157.40	.12	
ANESTHESIOLOGIST	115	944	25,158.40	26.65	.019	218.77	.52	



OUTPATIENT SURGERY	721	1,423	102,308.72	71.90	.029	141.90	2.11
PRINCIPAL SURGEON	627	802	84,533.87	105.40	.017	134.82	1.74
ASSISTANT SURGEON	8	8	744.61	93.08	.000	93.08	.02
ANESTHESIOLOGIST	135	613	17,030.24	27.78	.013	126.15	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	938	1,232	15,507.41	12.59	.025	16.53	.32
RADIOLOGY	1,839	2,701	134,400.10	49.76	.056	73.08	2.77
PSYCHIATRY	76	83	2,737.34	32.98	.002	36.02	.06
IMMUNIZATION AND INJECTION	205	816	26,004.52	31.87	.017	126.85	.54
OTHER SERVICES/ALL X-OVERS	834	3,328	62,467.44	18.77	.069	74.90	1.29
@PHARMACY	10,912	26,091	\$ 1,311,869.79	\$ 50.28	.538	\$ 120.22	\$ 27.06
PRESCRIPTION DRUGS	10,861	23,642	1,285,969.43	54.39	.488	118.40	26.53
SNF/ICF	27	162	9,531.58	58.84	.003	353.02	.20
OUTPATIENTS	10,845	23,480	1,276,437.85	54.36	.484	117.70	26.33
MEDICAL SUPPLIES	263	2,449	25,900.36	10.58	.051	98.48	.53
@DENTIST	3,205	15,372	\$ 478,204.77	\$ 31.11	.317	\$ 149.21	\$ 9.86
VISITS - DIAGNOSTIC	2,346	10,742	160,260.00	14.92	.222	68.31	3.31
ORAL SURGERY	410	734	41,024.10	55.89	.015	100.06	.85
DRUGS	147	151	3,476.25	23.02	.003	23.65	.07
ANESTHESIA	10	11	1,100.00	100.00	.000	110.00	.02
PERIODONTICS	21	21	1,870.00	89.05	.000	89.05	.04
ENDODONTICS	284	547	81,680.80	149.33	.011	287.61	1.68
RESTORATIVE DENTISTRY	1,076	2,833	162,031.30	57.19	.058	150.59	3.34
PROSTHETICS	5	5	180.00	36.00	.000	36.00	.00
DENTURES, STAYPLATES	12	19	4,985.00	262.37	.000	415.42	.10
SPACE MAINTAINERS	33	45	5,150.00	114.44	.001	156.06	.11
MAXILLOFACIAL SERVICES	4	5	3,500.70	700.14	.000	875.18	.07
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	131	174	11,271.62	64.78	.004	86.04	.23
ALL OTHER SERVICES	91	84	975.00	11.61	.002	10.71	.02
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----- MONTHLY AVERAGE -----							
48,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	615	1,711	\$ 39,065.58	\$ 22.83	.035	\$ 63.52	\$ .81
DIAGNOSTIC AND ANC. PROCED	470	488	20,822.13	42.67	.010	44.30	.43
EYE APPLIANCES	437	1,207	17,784.64	14.73	.025	40.70	.37
OTHER OPTOMETRIC SERVICES	14	16	458.81	28.68	.000	32.77	.01
@CHIROPRACTOR	60	89	\$ 1,479.72	\$ 16.63	.002	\$ 24.66	\$ .03
VISITS	60	89	1,479.72	16.63	.002	24.66	.03
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	57	74	\$ 3,298.32	\$ 44.57	.002	\$ 57.87	\$ .07
MEDICINE/INJECTIONS	57	63	2,598.03	41.24	.001	45.58	.05
SURGERY/ANES.	4	4	349.23	87.31	.000	87.31	.01
RADIO./PATHOLOGY	4	5	86.50	17.30	.000	21.63	.00
OTHER	2	2	264.56	132.28	.000	132.28	.01
@HOME HEALTH AGENCY	27	68	\$ 4,128.17	\$ 60.71	.001	\$ 152.90	\$ .09
NURSE ANESTHESIST	1	4	\$ 62.92	\$ 15.73	.000	\$ 62.92	\$ .00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	12	40	\$ 968.87	\$ 24.22	.001	\$ 80.74	\$ .02
@TOTAL HOSPITAL	4,161	15,121	\$ 1,548,053.68	\$ 102.38	.312	\$ 372.04	\$ 31.93
HOSP INPATIENT TOTAL	266	896	1,192,804.41	1331.25	.018	4484.23	24.60
HSC HOSPITALS	209	682	882,963.32	1294.67	.014	4224.70	18.21



NON-HSC HOSPITAL TOTAL	58	214	309,841.09	1447.86	.004	5342.09	6.39
ACCOMMODATIONS	58	214	120,720.17	564.11	.004	2081.38	2.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	214	120,720.17	564.11	.004	2081.38	2.49
ANCILLARIES	58	0	189,120.92	.00	.000	3260.71	3.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,017	14,225	355,249.27	24.97	.293	88.44	7.33
MEDICAL	479	678	20,458.73	30.18	.014	42.71	.42
SURGERY	420	466	15,338.61	32.92	.010	36.52	.32
PATHOLOGY	1,293	5,062	55,952.64	11.05	.104	43.27	1.15
RADIOLOGY	929	1,232	76,502.87	62.10	.025	82.35	1.58
ROOM USE	3,070	3,857	142,214.62	36.87	.080	46.32	2.93
CROSSOVERS/ALL OTH OUTPTNT	1,315	2,930	44,781.80	15.28	.060	34.05	.92
@COUNTY HOSPITAL TOTAL	10	35	\$ 3,744.85	\$ 107.00	.001	\$ 374.49	\$ .08
CO HOSPITAL INPATIENT TOTAL	1	2	2,704.00	1352.00	.000	2704.00	.06
HSC HOSPITALS	1	2	2,704.00	1352.00	.000	2704.00	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	33	1,040.85	31.54	.001	115.65	.02
MEDICAL	2	2	92.65	46.33	.000	46.33	.00
SURGERY	1	2	59.22	29.61	.000	59.22	.00
PATHOLOGY	4	9	240.75	26.75	.000	60.19	.00
RADIOLOGY	2	3	93.44	31.15	.000	46.72	.00
ROOM USE	8	11	507.31	46.12	.000	63.41	.01
CROSSOVERS/ALL OTH OUTPTNT	3	6	47.48	7.91	.000	15.83	.00

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					----- MONTHLY AVERAGE -----		
48,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,152	15,086	\$ 1,544,308.83	\$ 102.37	.311	\$ 371.94	\$ 31.85
COMM HOSP INPATIENT TOTAL	266	894	1,190,100.41	1331.21	.018	4474.06	24.55
HSC HOSPITALS	209	680	880,259.32	1294.50	.014	4211.77	18.16
NON-HSC HOSPITALS TOTAL	58	214	309,841.09	1447.86	.004	5342.09	6.39
ACCOMMODATIONS	58	214	120,720.17	564.11	.004	2081.38	2.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	214	120,720.17	564.11	.004	2081.38	2.49
ANCILLARIES	58	0	189,120.92	.00	.000	3260.71	3.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,008	14,192	354,208.42	24.96	.293	88.38	7.31
MEDICAL	477	676	20,366.08	30.13	.014	42.70	.42
SURGERY	419	464	15,279.39	32.93	.010	36.47	.32
PATHOLOGY	1,289	5,053	55,711.89	11.03	.104	43.22	1.15
RADIOLOGY	927	1,229	76,409.43	62.17	.025	82.43	1.58
ROOM USE	3,062	3,846	141,707.31	36.85	.079	46.28	2.92



CROSSOVERS/ALL OTH OUTPTNT	1,312	2,924		44,734.32		15.30	.060	34.10	.92
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	12	26	\$	781.07	\$	30.04	.001	\$ 65.09	\$ .02
HOSPITAL BASED	12	26		781.07		30.04	.001	65.09	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,773	5,161	\$	71,682.00	\$	13.89	.106	\$ 40.43	\$ 1.48
PATHOLOGY	1,772	5,160		71,670.60		13.89	.106	40.45	1.48
XO AND OTHERS	1	1		11.40		11.40	.000	11.40	.00
@ORGANIZED OUTPATIENT CLINIC	2,434	4,586	\$	540,705.00	\$	117.90	.095	\$ 222.15	\$ 11.15
CLINIC	593	1,748		48,332.61		27.65	.036	81.51	1.00
SURGICENTER	54	268		9,677.67		36.11	.006	179.22	.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,819	2,570		482,694.72		187.82	.053	265.36	9.96

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PLACER COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
48,481 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,659	10,030	\$ 117,013.96	\$ 11.67	.207	\$ 70.53	\$ 2.41	
DURABLE MED. EQUIP.	111	359	10,457.41	29.13	.007	94.21	.22	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	218	2,091	32,604.74	15.59	.043	149.56	.67	
AMBULANCES/AIR TRANS	216	1,526	26,203.15	17.17	.031	121.31	.54	
OTHER TRANS	2	559	971.95	1.74	.012	485.98	.02	
OTHER SERVICES	6	6	5,429.64	904.94	.000	904.94	.11	
ACUPUNCTURE	1	1	20.27	20.27	.000	20.27	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	36	36	3,780.00	105.00	.001	105.00	.08	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	407	843	7,553.56	8.96	.017	18.56	.16	
PHYSICAL THERAPIST	4	27	423.32	15.68	.001	105.83	.01	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	19	24	1,859.28	77.47	.000	97.86	.04	
PROSTHETICS	19	24	1,859.28	77.47	.000	97.86	.04	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	7	40	2,345.64	58.64	.001	335.09	.05	
SPEECH AND AUDIOLOGY	35	87	3,844.64	44.19	.002	109.85	.08	



HOSPICE SERVICES	4	123	16,745.22	136.14	.003	4186.31	.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	786	3,912	34,171.30	8.73	.081	43.47	.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	2,487	3,208.58	1.29	.051	54.38	.07
@CALIF. CHILDREN SERVICES*	207	3,335	\$ 319,861.56	\$ 95.91	.069	\$ 1545.22	\$ 6.60
@XOVER EXCLUDING STATE HOSP**	9	12	\$ 161.78	\$ 13.48	.000	\$ 17.98	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,689  
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PLACER COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

111,928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	73,728	1,557,433	\$ 39,250,517.06	\$ 25.20	13.915	\$ 532.37	\$ 350.68
@PHYSICIANS SERVICES	24,259	66,472	\$ 2,525,489.11	\$ 37.99	.594	\$ 104.11	\$ 22.56
OUTPATIENT VISITS	15,391	21,277	776,929.32	36.51	.190	50.48	6.94
OFFICE VISITS	11,084	14,553	460,439.59	31.64	.130	41.54	4.11
HOME VISITS	107	118	4,282.64	36.29	.001	40.02	.04
EMERGENCY ROOM	3,521	4,225	235,439.69	55.73	.038	66.87	2.10
PREVENTIVE CARE	9	9	441.18	49.02	.000	49.02	.00
OB VISITS/COMPRE PERI	255	441	29,272.98	66.38	.004	114.80	.26
OTHER OUTPATIENT	1,695	1,931	47,053.24	24.37	.017	27.76	.42
INPATIENT VISITS	968	3,502	184,658.81	52.73	.031	190.76	1.65
HOSPITAL VISITS	824	2,969	135,546.46	45.65	.027	164.50	1.21
CRITICAL CARE	64	320	42,073.95	131.48	.003	657.41	.38
SNF/ICF/TRANS IP CARE	141	213	7,038.40	33.04	.002	49.92	.06
OPHTHALMOLOGICAL SERVICES	257	333	12,847.03	38.58	.003	49.99	.11
EXAMINATIONS	254	329	12,736.45	38.71	.003	50.14	.11
SERVICES AND MATERIALS	4	4	110.58	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	553	2,947	338,349.97	114.81	.026	611.84	3.02
PRINCIPAL SURGEON	378	534	267,521.28	500.98	.005	707.73	2.39
ASSISTANT SURGEON	69	65	12,781.55	196.64	.001	185.24	.11
ANESTHESIOLOGIST	228	2,348	58,047.14	24.72	.021	254.59	.52
OUTPATIENT SURGERY	1,603	3,391	270,431.65	79.75	.030	168.70	2.42
PRINCIPAL SURGEON	1,377	1,757	223,384.91	127.14	.016	162.23	2.00
ASSISTANT SURGEON	19	20	2,139.10	106.96	.000	112.58	.02
ANESTHESIOLOGIST	326	1,614	44,907.64	27.82	.014	137.75	.40
DIALYSIS	67	198	18,565.15	93.76	.002	277.09	.17
PATHOLOGY	1,618	2,436	35,259.99	14.47	.022	21.79	.32
RADIOLOGY	4,457	7,722	423,251.03	54.81	.069	94.96	3.78
PSYCHIATRY	168	188	6,285.58	33.43	.002	37.41	.06
IMMUNIZATION AND INJECTION	575	2,494	71,432.33	28.64	.022	124.23	.64
OTHER SERVICES/ALL X-OVERS	7,118	21,984	387,478.25	17.63	.196	54.44	3.46
@PHARMACY	52,501	849,373	\$ 19,639,164.99	\$ 23.12	7.589	\$ 374.07	\$ 175.46
PRESCRIPTION DRUGS	51,813	204,183	18,215,451.30	89.21	1.824	351.56	162.74
SNF/ICF	1,514	12,164	784,605.74	64.50	.109	518.23	7.01
OUTPATIENTS	50,583	192,019	17,430,845.56	90.78	1.716	344.60	155.73
MEDICAL SUPPLIES	4,267	645,190	1,423,713.69	2.21	5.764	333.66	12.72
@DENTIST	6,273	28,252	\$ 988,237.30	\$ 34.98	.252	\$ 157.54	\$ 8.83
VISITS - DIAGNOSTIC	4,365	18,797	268,880.55	14.30	.168	61.60	2.40
ORAL SURGERY	928	1,989	103,028.50	51.80	.018	111.02	.92



DRUGS	166	170	3,876.25	22.80	.002	23.35	.03
ANESTHESIA	14	15	1,400.00	93.33	.000	100.00	.01
PERIODONTICS	161	182	18,540.10	101.87	.002	115.16	.17
ENDODONTICS	487	835	150,838.55	180.64	.007	309.73	1.35
RESTORATIVE DENTISTRY	1,914	4,797	295,004.95	61.50	.043	154.13	2.64
PROSTHETICS	42	44	1,240.00	28.18	.000	29.52	.01
DENTURES, STAYPLATES	371	1,007	122,874.00	122.02	.009	331.20	1.10
SPACE MAINTAINERS	33	45	5,150.00	114.44	.000	156.06	.05
MAXILLOFACIAL SERVICES	5	6	3,612.78	602.13	.000	722.56	.03
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	148	191	12,041.62	63.05	.002	81.36	.11
ALL OTHER SERVICES	176	173	1,050.00	6.07	.002	5.97	.01

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PLACER COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

	111,928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,968		5,358 \$	119,185.91	\$ 22.24	.048	\$ 60.56	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	989		1,027	43,216.77	42.08	.009	43.70	.39
EYE APPLIANCES	1,406		3,984	66,926.96	16.80	.036	47.60	.60
OTHER OPTOMETRIC SERVICES	225		347	9,042.18	26.06	.003	40.19	.08
@CHIROPRACTOR	242		410 \$	6,766.33	\$ 16.50	.004	\$ 27.96	\$ .06
VISITS	234		400	6,633.66	16.58	.004	28.35	.06
OTHER SERVICES	8		10	132.67	13.27	.000	16.58	.00
@PODIATRIST	721		1,089 \$	18,904.69	\$ 17.36	.010	\$ 26.22	\$ .17
MEDICINE/INJECTIONS	206		230	7,814.75	33.98	.002	37.94	.07
SURGERY/ANES.	14		18	2,537.31	140.96	.000	181.24	.02
RADIO./PATHOLOGY	7		9	157.42	17.49	.000	22.49	.00
OTHER	515		832	8,395.21	10.09	.007	16.30	.08
@HOME HEALTH AGENCY	221		6,228 \$	239,688.56	\$ 38.49	.056	\$ 1084.56	\$ 2.14
NURSE ANESTHESIST	13		149 \$	521.13	\$ 3.50	.001	\$ 40.09	\$ .00



NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	58	154	\$	3,711.51	\$	24.10	.001	\$	63.99	\$	.03
@TOTAL HOSPITAL	10,631	60,590	\$	6,544,338.21	\$	108.01	.541	\$	615.59	\$	58.47
HOSP INPATIENT TOTAL	978	3,468		5,179,798.28		1493.60	.031		5296.32		46.28
HSC HOSPITALS	523	2,468		3,217,138.97		1303.54	.022		6151.32		28.74
NON-HSC HOSPITAL TOTAL	206	1,000		1,691,801.93		1691.80	.009		8212.63		15.12
ACCOMMODATIONS	206	1,000		583,305.40		583.31	.009		2831.58		5.21
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.000		3006.90		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	205	987		580,298.50		587.94	.009		2830.72		5.18
ANCILLARIES	206	0		1,108,496.53		.00	.000		5381.05		9.90
INPATIENT CROSSOVERS	261	0		270,857.38		.00	.000		1037.77		2.42
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9,978	57,122		1,364,539.93		23.89	.510		136.75		12.19
MEDICAL	1,434	2,219		86,645.06		39.05	.020		60.42		.77
SURGERY	848	956		35,102.58		36.72	.009		41.39		.31
PATHOLOGY	3,340	16,999		175,209.78		10.31	.152		52.46		1.57
RADIOLOGY	2,135	3,122		240,052.31		76.89	.028		112.44		2.14
ROOM USE	5,646	7,587		280,391.81		36.96	.068		49.66		2.51
CROSSOVERS/ALL OTH OUTPTNT	4,689	26,239		547,138.39		20.85	.234		116.69		4.89
@COUNTY HOSPITAL TOTAL	47	229	\$	70,299.70	\$	306.99	.002	\$	1495.74	\$	.63
CO HOSPITAL INPATIENT TOTAL	6	88		66,129.56		751.47	.001		11021.59		.59
HSC HOSPITALS	2	8		10,816.00		1352.00	.000		5408.00		.10
NON-HSC HOSPITALS TOTAL	4	80		55,313.56		691.42	.001		13828.39		.49
ACCOMMODATIONS	4	80		18,504.00		231.30	.001		4626.00		.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	80		18,504.00		231.30	.001		4626.00		.17
ANCILLARIES	4	0		36,809.56		.00	.000		9202.39		.33
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	41	141		4,170.14		29.58	.001		101.71		.04
MEDICAL	19	29		1,018.34		35.12	.000		53.60		.01
SURGERY	1	2		59.22		29.61	.000		59.22		.00
PATHOLOGY	12	47		757.25		16.11	.000		63.10		.01
RADIOLOGY	3	4		232.11		58.03	.000		77.37		.00
ROOM USE	27	39		1,495.10		38.34	.000		55.37		.01
CROSSOVERS/ALL OTH OUTPTNT	11	20		608.12		30.41	.000		55.28		.01

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			----- MONTHLY AVERAGE -----					
111,928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	10,587	60,361	\$ 6,474,038.51	\$ 107.26	.539	\$ 611.51	\$ 57.84	
COMM HOSP INPATIENT TOTAL	973	3,380	5,113,668.72	1512.92	.030	5255.57	45.69	
HSC HOSPITALS	522	2,460	3,206,322.97	1303.38	.022	6142.38	28.65	
NON-HSC HOSPITALS TOTAL	202	920	1,636,488.37	1778.79	.008	8101.43	14.62	
ACCOMMODATIONS	202	920	564,801.40	613.91	.008	2796.05	5.05	
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.03	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	201	907	561,794.50	619.40	.008	2795.00	5.02	
ANCILLARIES	202	0	1,071,686.97	.00	.000	5305.38	9.57	
INPATIENT CROSSOVERS	261	0	270,857.38	.00	.000	1037.77	2.42	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL



COMM HOSP OUTPATIENT TOTAL	9,939	56,981		1,360,369.79		23.87	.509	136.87	12.15
MEDICAL	1,415	2,190		85,626.72		39.10	.020	60.51	.77
SURGERY	847	954		35,043.36		36.73	.009	41.37	.31
PATHOLOGY	3,328	16,952		174,452.53		10.29	.151	52.42	1.56
RADIOLOGY	2,132	3,118		239,820.20		76.91	.028	112.49	2.14
ROOM USE	5,620	7,548		278,896.71		36.95	.067	49.63	2.49
CROSSOVERS/ALL OTH OUTPTNT	4,678	26,219		546,530.27		20.84	.234	116.83	4.88
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	953	25,327	\$	3,291,039.56	\$	129.94	.226	\$ 3453.35	\$ 29.40
LEV A-INTERMEDIATE	3	62		3,575.58		57.67	.001	1191.86	.03
LEV B-REHAB MD	1	17		2,130.44		125.32	.000	2130.44	.02
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	949	25,248		3,285,333.54		130.12	.226	3461.89	29.35
@INTERMEDIATE CARE FACIL.-DD	180	5,471	\$	1,070,808.96	\$	195.72	.049	\$ 5948.94	\$ 9.57
ICF DDH	53	1,597		270,419.06		169.33	.014	5102.25	2.42
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	127	3,874		800,389.90		206.61	.035	6302.28	7.15
@HEMODIALYSIS TOTAL	308	6,321	\$	331,273.01	\$	52.41	.056	\$ 1075.56	\$ 2.96
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	308	6,321		331,273.01		52.41	.056	1075.56	2.96
@REHABILITATION FACILITY	62	314	\$	7,190.37	\$	22.90	.003	\$ 115.97	\$ .06
HOSPITAL BASED	47	160		4,914.03		30.71	.001	104.55	.04
INDEPENDENT FACILITY	15	154		2,276.34		14.78	.001	151.76	.02
@LABORATORY FACILITY	4,189	14,858	\$	183,749.21	\$	12.37	.133	\$ 43.86	\$ 1.64
PATHOLOGY	4,142	14,720		182,976.26		12.43	.132	44.18	1.63
XO AND OTHERS	47	138		772.95		5.60	.001	16.45	.01
@ORGANIZED OUTPATIENT CLINIC	7,642	13,239	\$	1,715,503.01	\$	129.58	.118	\$ 224.48	\$ 15.33
CLINIC	904	2,437		67,669.51		27.77	.022	74.86	.60
SURGICENTER	200	774		39,771.51		51.38	.007	198.86	.36
HEROIN DETOX CLINIC	6	81		1,003.18		12.38	.001	167.20	.01
RURAL HEALTH CLINIC	6,593	9,947		1,607,058.81		161.56	.089	243.75	14.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
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PLACER COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL								

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					----- MONTHLY AVERAGE -----			
111,928 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	9,793	473,828	\$ 2,564,945.20	\$ 5.41	4.233	\$ 261.92	\$ 22.92	
DURABLE MED. EQUIP.	726	2,739	325,882.44	118.98	.024	448.87	2.91	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	50	59	15,325.94	259.76	.001	306.52	.14	
MEDICAL TRANSPORTATION	1,510	71,871	329,112.42	4.58	.642	217.96	2.94	
AMBULANCES/AIR TRANS	864	6,738	124,349.92	18.46	.060	143.92	1.11	
OTHER TRANS	638	64,833	187,789.84	2.90	.579	294.34	1.68	
OTHER SERVICES	66	300	16,972.66	56.58	.003	257.16	.15	
ACUPUNCTURE	24	74	1,285.40	17.37	.001	53.56	.01	
ADULT DAY HEALTH CARE CTR	826	12,835	891,794.23	69.48	.115	1079.65	7.97	
GENETIC DISEASE TESTING	42	42	4,410.00	105.00	.000	105.00	.04	
IHMC,MODEL-NF,NF,AIDS,MSSP	234	5,220	205,062.56	39.28	.047	876.34	1.83	
OCCUPATIONAL THERAPIST	22	357	1,854.79	5.20	.003	84.31	.02	
OPTICIAN	1,489	3,245	34,378.03	10.59	.029	23.09	.31	
PHYSICAL THERAPIST	10	69	981.67	14.23	.001	98.17	.01	



PORTABLE X-RAY	77	136	1,114.82	8.20	.001	14.48	.01
PROSTHETIST/ORTHOTISTS	102	242	32,166.17	132.92	.002	315.35	.29
PROSTHETICS	102	242	32,166.17	132.92	.002	315.35	.29
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	29	74	3,095.37	41.83	.001	106.74	.03
SPEECH AND AUDIOLOGY	1,030	4,276	185,481.58	43.38	.038	180.08	1.66
HOSPICE SERVICES	47	1,204	149,748.63	124.38	.011	3186.14	1.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,674	47,579	201,764.76	4.24	.425	120.53	1.80
EPSDT SUPPLEMENTAL SERVICE	8	683	20,087.03	29.41	.006	2510.88	.18
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,653	323,123	161,399.36	.50	2.887	60.84	1.44
@CALIF. CHILDREN SERVICES*	895	37,405	\$ 1,964,359.65	\$ 52.52	.334	\$ 2194.82	\$ 17.55
@XOVER EXCLUDING STATE HOSP**	8,377	76,004	\$ 1,159,591.47	\$ 15.26	.679	\$ 138.43	\$ 10.36

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,693
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X

6,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5,070	89,277	\$ 2,352,998.14	\$ 26.36	12.825	\$ 464.10	\$ 338.03
@PHYSICIANS SERVICES	877	2,463	\$ 97,391.35	\$ 39.54	.354	\$ 111.05	\$ 13.99
OUTPATIENT VISITS	321	422	15,476.52	36.67	.061	48.21	2.22
OFFICE VISITS	270	347	11,676.30	33.65	.050	43.25	1.68
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	30	36	2,800.31	77.79	.005	93.34	.40
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	36	39	999.91	25.64	.006	27.78	.14
INPATIENT VISITS	36	101	4,512.20	44.68	.015	125.34	.65
HOSPITAL VISITS	29	89	3,869.00	43.47	.013	133.41	.56
CRITICAL CARE	1	2	243.20	121.60	.000	243.20	.03
SNF/ICF/TRANS IP CARE	7	10	400.00	40.00	.001	57.14	.06
OPHTHALMOLOGICAL SERVICES	48	69	2,711.82	39.30	.010	56.50	.39
EXAMINATIONS	46	65	2,593.30	39.90	.009	56.38	.37
SERVICES AND MATERIALS	4	4	118.52	29.63	.001	29.63	.02
INPATIENT HOSPITAL SURGERY	13	48	5,634.89	117.39	.007	433.45	.81
PRINCIPAL SURGEON	10	11	4,629.09	420.83	.002	462.91	.67
ASSISTANT SURGEON	1	1	110.57	110.57	.000	110.57	.02
ANESTHESIOLOGIST	3	36	895.23	24.87	.005	298.41	.13
OUTPATIENT SURGERY	53	101	17,302.19	171.31	.015	326.46	2.49
PRINCIPAL SURGEON	46	57	15,963.14	280.06	.008	347.02	2.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	44	1,339.05	30.43	.006	133.91	.19
DIALYSIS	14	37	5,617.02	151.81	.005	401.22	.81
PATHOLOGY	29	40	803.72	20.09	.006	27.71	.12
RADIOLOGY	158	354	19,741.84	55.77	.051	124.95	2.84
PSYCHIATRY	4	5	164.90	32.98	.001	41.23	.02
IMMUNIZATION AND INJECTION	24	79	448.21	5.67	.011	18.68	.06
OTHER SERVICES/ALL X-OVERS	488	1,207	24,978.04	20.69	.173	51.18	3.59
@PHARMACY	4,321	58,126	\$ 1,071,227.49	\$ 18.43	8.350	\$ 247.91	\$ 153.89
PRESCRIPTION DRUGS	4,231	17,050	1,049,456.75	61.55	2.449	248.04	150.76



SNF/ICF	155	945	47,353.39	50.11	.136	305.51	6.80
OUTPATIENTS	4,091	16,105	1,002,103.36	62.22	2.314	244.95	143.96
MEDICAL SUPPLIES	293	41,076	21,770.74	.53	5.901	74.30	3.13
@DENTIST	305	1,159	\$ 51,896.26	\$ 44.78	.166	\$ 170.15	\$ 7.46
VISITS - DIAGNOSTIC	198	744	9,492.26	12.76	.107	47.94	1.36
ORAL SURGERY	51	161	7,382.00	45.85	.023	144.75	1.06
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	9	9	837.00	93.00	.001	93.00	.12
ENDODONTICS	13	14	2,585.00	184.64	.002	198.85	.37
RESTORATIVE DENTISTRY	48	91	7,109.00	78.12	.013	148.10	1.02
PROSTHETICS	3	4	90.00	22.50	.001	30.00	.01
DENTURES, STAYPLATES	53	135	24,401.00	180.75	.019	460.40	3.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	11	1	.00	.00	.000	.00	.00

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6,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	109	297	\$ 7,152.38	\$ 24.08	.043	\$ 65.62	\$ 1.03
DIAGNOSTIC AND ANC. PROCED	39	41	1,774.73	43.29	.006	45.51	.25
EYE APPLIANCES	77	222	4,107.67	18.50	.032	53.35	.59
OTHER OPTOMETRIC SERVICES	24	34	1,269.98	37.35	.005	52.92	.18
@CHIROPRACTOR	1	2	\$ 33.44	\$ 16.72	.000	\$ 33.44	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	32	43	\$ 322.63	\$ 7.50	.006	\$ 10.08	\$ .05
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	32	43	322.63	7.50	.006	10.08	.05
@HOME HEALTH AGENCY	10	72	\$ 5,116.38	\$ 71.06	.010	\$ 511.64	\$ .74
NURSE ANESTHESIST	2	9	99.56	11.06	.001	49.78	.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	4	73.62	18.41	.001	36.81	.01
@TOTAL HOSPITAL	375	3,393	\$ 205,456.17	\$ 60.55	.487	\$ 547.88	\$ 29.52
HOSP INPATIENT TOTAL	54	93	143,230.99	1540.12	.013	2652.43	20.58
HSC HOSPITALS	15	65	73,620.99	1132.63	.009	4908.07	10.58
NON-HSC HOSPITAL TOTAL	6	28	44,332.84	1583.32	.004	7388.81	6.37
ACCOMMODATIONS	6	28	18,667.70	666.70	.004	3111.28	2.68
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	28	18,667.70	666.70	.004	3111.28	2.68
ANCILLARIES	6	0	25,665.14	.00	.000	4277.52	3.69
INPATIENT CROSSOVERS	34	0	25,277.16	.00	.000	743.45	3.63
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	335	3,300	62,225.18	18.86	.474	185.75	8.94
MEDICAL	43	83	4,103.04	49.43	.012	95.42	.59
SURGERY	13	17	1,459.93	85.88	.002	112.30	.21
PATHOLOGY	98	643	4,651.60	7.23	.092	47.47	.67



RADIOLOGY	49	159		14,279.63	89.81	.023	291.42	2.05
ROOM USE	93	135		5,074.33	37.59	.019	54.56	.73
CROSSOVERS/ALL OTH OUTPTNT	200	2,263		32,656.65	14.43	.325	163.28	4.69
@COUNTY HOSPITAL TOTAL	1	2	\$	51.77	\$ 25.89	.000	\$ 51.77	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2		51.77	25.89	.000	51.77	.01
MEDICAL	1	1		14.89	14.89	.000	14.89	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		36.88	36.88	.000	36.88	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE	9,695
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						----- MONTHLY AVERAGE -----		
6,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	374	3,391	\$	205,404.40	\$ 60.57	.487	\$ 549.21	\$ 29.51
COMM HOSP INPATIENT TOTAL	54	93		143,230.99	1540.12	.013	2652.43	20.58
HSC HOSPITALS	15	65		73,620.99	1132.63	.009	4908.07	10.58
NON-HSC HOSPITALS TOTAL	6	28		44,332.84	1583.32	.004	7388.81	6.37
ACCOMMODATIONS	6	28		18,667.70	666.70	.004	3111.28	2.68



ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	28		18,667.70	666.70	.004	3111.28	2.68
ANCILLARIES	6	0		25,665.14	.00	.000	4277.52	3.69
INPATIENT CROSSOVERS	34	0		25,277.16	.00	.000	743.45	3.63
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	334	3,298		62,173.41	18.85	.474	186.15	8.93
MEDICAL	42	82		4,088.15	49.86	.012	97.34	.59
SURGERY	13	17		1,459.93	85.88	.002	112.30	.21
PATHOLOGY	98	643		4,651.60	7.23	.092	47.47	.67
RADIOLOGY	49	159		14,279.63	89.81	.023	291.42	2.05
ROOM USE	92	134		5,037.45	37.59	.019	54.75	.72
CROSSOVERS/ALL OTH OUTPTNT	200	2,263		32,656.65	14.43	.325	163.28	4.69
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	181	4,854	\$	621,122.37	\$ 127.96	.697	\$ 3431.62	\$ 89.23
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		7,916.40	.00	.000	.00	1.14
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	181	4,854		613,205.97	126.33	.697	3387.88	88.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	50	1,109	\$	74,441.34	\$ 67.12	.159	\$ 1488.83	\$ 10.69
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	50	1,109		74,441.34	67.12	.159	1488.83	10.69
@REHABILITATION FACILITY	3	9	\$	247.92	\$ 27.55	.001	\$ 82.64	\$ .04
HOSPITAL BASED	3	9		247.92	27.55	.001	82.64	.04
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	106	541	\$	6,183.60	\$ 11.43	.078	\$ 58.34	\$ .89
PATHOLOGY	104	535		6,152.85	11.50	.077	59.16	.88
XO AND OTHERS	2	6		30.75	5.13	.001	15.38	.00
@ORGANIZED OUTPATIENT CLINIC	209	366	\$	40,879.55	\$ 111.69	.053	\$ 195.60	\$ 5.87
CLINIC	7	17		1,014.52	59.68	.002	144.93	.15
SURGICENTER	22	105		6,818.41	64.94	.015	309.93	.98
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	182	244		33,046.62	135.44	.035	181.57	4.75

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
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----- MONTHLY AVERAGE -----								
6,961 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	536	16,830	\$ 171,354.08	\$ 10.18	2.418	\$ 319.69	\$ 24.62	
DURABLE MED. EQUIP.	18	28	2,649.75	94.63	.004	147.21	.38	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	5	1,909.59	381.92	.001	381.92	.27	
MEDICAL TRANSPORTATION	112	7,758	31,795.89	4.10	1.114	283.89	4.57	
AMBULANCES/AIR TRANS	18	97	2,240.03	23.09	.014	124.45	.32	
OTHER TRANS	95	7,646	29,530.01	3.86	1.098	310.84	4.24	
OTHER SERVICES	2	15	25.85	1.72	.002	12.93	.00	
ACUPUNCTURE	14	50	875.86	17.52	.007	62.56	.13	



ADULT DAY HEALTH CARE CTR	115	1,567	108,579.76	69.29	.225	944.17	15.60
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	19	116	8,277.04	71.35	.017	435.63	1.19
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	88	196	2,175.08	11.10	.028	24.72	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	8	9.68	1.21	.001	2.42	.00
PROSTHETIST/ORTHOTISTS	2	7	69.32	9.90	.001	34.66	.01
PROSTHETICS	2	7	69.32	9.90	.001	34.66	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	.33	.33	.000	.33	.00
SPEECH AND AUDIOLOGY	12	21	4,164.98	198.33	.003	347.08	.60
HOSPICE SERVICES	2	28	3,474.12	124.08	.004	1737.06	.50
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	182	7,045	7,372.68	1.05	1.012	40.51	1.06
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	722	4,349	\$ 112,489.98	\$ 25.87	.625	\$ 155.80	\$ 16.16

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,697  
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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2	\$ 56.05	\$ 28.03	1.000	\$ 28.03	\$ 28.03
@PHYSICIANS SERVICES	2	2	\$ 56.05	\$ 28.03	1.000	\$ 28.03	\$ 28.03
OUTPATIENT VISITS	1	1	49.20	49.20	.500	49.20	24.60
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	1	1	49.20	49.20	.500	49.20	24.60
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	6.85	6.85	.500	6.85	3.43
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	6.85	6.85	.500	6.85	3.43
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00



RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,698  
MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,699  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00



LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
				AID CODE 24	----- MONTHLY AVERAGE -----		

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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00



HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR    MN - NO SOC - DISABLED    64 6G 6H 6U 6V 6X 8G

						----- MONTHLY AVERAGE -----		
6,443 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	5,622	145,155	\$ 4,797,627.74	\$ 33.05	22.529	\$ 853.37	\$ 744.63	
@PHYSICIANS SERVICES	1,472	5,517	\$ 250,570.74	\$ 45.42	.856	\$ 170.22	\$ 38.89	
OUTPATIENT VISITS	636	945	35,224.91	37.28	.147	55.39	5.47	
OFFICE VISITS	463	654	19,926.33	30.47	.102	43.04	3.09	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	140	187	12,685.79	67.84	.029	90.61	1.97	
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.01	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	90	103	2,568.94	24.94	.016	28.54	.40	
INPATIENT VISITS	131	714	28,172.90	39.46	.111	215.06	4.37	
HOSPITAL VISITS	118	663	23,751.12	35.82	.103	201.28	3.69	
CRITICAL CARE	7	35	3,772.08	107.77	.005	538.87	.59	
SNF/ICF/TRANS IP CARE	13	16	649.70	40.61	.002	49.98	.10	
OPHTHALMOLOGICAL SERVICES	19	24	999.61	41.65	.004	52.61	.16	
EXAMINATIONS	19	24	999.61	41.65	.004	52.61	.16	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	72	446	35,842.95	80.37	.069	497.82	5.56	
PRINCIPAL SURGEON	56	89	27,320.06	306.97	.014	487.86	4.24	
ASSISTANT SURGEON	3	3	846.03	282.01	.000	282.01	.13	
ANESTHESIOLOGIST	27	354	7,676.86	21.69	.055	284.33	1.19	



OUTPATIENT SURGERY	97	222		27,764.52	125.07	.034	286.23	4.31
PRINCIPAL SURGEON	86	126		24,876.99	197.44	.020	289.27	3.86
ASSISTANT SURGEON	2	2		293.74	146.87	.000	146.87	.05
ANESTHESIOLOGIST	18	94		2,593.79	27.59	.015	144.10	.40
DIALYSIS	19	106		7,484.10	70.60	.016	393.90	1.16
PATHOLOGY	66	152		3,107.91	20.45	.024	47.09	.48
RADIOLOGY	310	730		62,277.10	85.31	.113	200.89	9.67
PSYCHIATRY	1	1		32.98	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	39	162		6,335.80	39.11	.025	162.46	.98
OTHER SERVICES/ALL X-OVERS	761	2,015		43,327.96	21.50	.313	56.94	6.72
@PHARMACY	4,415	45,165	\$	2,134,571.74	\$ 47.26	7.010	\$ 483.48	\$ 331.30
PRESCRIPTION DRUGS	4,357	20,777		2,098,440.46	101.00	3.225	481.63	325.69
SNF/ICF	97	1,353		90,867.93	67.16	.210	936.78	14.10
OUTPATIENTS	4,278	19,424		2,007,572.53	103.36	3.015	469.28	311.59
MEDICAL SUPPLIES	321	24,388		36,131.28	1.48	3.785	112.56	5.61
@DENTIST	348	1,436	\$	60,003.25	\$ 41.78	.223	\$ 172.42	\$ 9.31
VISITS - DIAGNOSTIC	238	899		12,506.05	13.91	.140	52.55	1.94
ORAL SURGERY	67	184		8,917.00	48.46	.029	133.09	1.38
DRUGS	3	3		50.00	16.67	.000	16.67	.01
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	13	14		1,534.00	109.57	.002	118.00	.24
ENDODONTICS	29	40		8,589.00	214.73	.006	296.17	1.33
RESTORATIVE DENTISTRY	95	213		13,638.20	64.03	.033	143.56	2.12
PROSTHETICS	6	6		180.00	30.00	.001	30.00	.03
DENTURES, STAYPLATES	41	71		14,469.00	203.79	.011	352.90	2.25
SPACE MAINTAINERS	1	1		120.00	120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	5		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,702
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							

----- MONTHLY AVERAGE -----								
6,443 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	105	286	\$ 5,820.38	\$ 20.35	.044	\$ 55.43	\$ .90	
DIAGNOSTIC AND ANC. PROCED	31	32	1,430.57	44.71	.005	46.15	.22	
EYE APPLIANCES	84	237	3,840.50	16.20	.037	45.72	.60	
OTHER OPTOMETRIC SERVICES	10	17	549.31	32.31	.003	54.93	.09	
@CHIROPRACTOR	6	12	\$ 200.64	\$ 16.72	.002	\$ 33.44	\$ .03	
VISITS	6	12	200.64	16.72	.002	33.44	.03	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	29	98	\$ 1,115.15	\$ 11.38	.015	\$ 38.45	\$ .17	
MEDICINE/INJECTIONS	4	5	153.20	30.64	.001	38.30	.02	
SURGERY/ANES.	2	2	108.14	54.07	.000	54.07	.02	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	24	91	853.81	9.38	.014	35.58	.13	
@HOME HEALTH AGENCY	111	20,281	\$ 606,083.66	\$ 29.88	3.148	\$ 5460.21	\$ 94.07	
NURSE ANESTHESIST	1	20	\$ 39.72	\$ 1.99	.003	\$ 39.72	\$ .01	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	3	15	\$ 293.67	\$ 19.58	.002	\$ 97.89	\$ .05	
@TOTAL HOSPITAL	735	5,567	\$ 906,018.96	\$ 162.75	.864	\$ 1232.68	\$ 140.62	
HOSP INPATIENT TOTAL	110	563	782,187.27	1389.32	.087	7110.79	121.40	
HSC HOSPITALS	58	424	521,143.75	1229.11	.066	8985.24	80.89	



NON-HSC HOSPITAL TOTAL	23	139	236,357.67	1700.41	.022	10276.42	36.68
ACCOMMODATIONS	23	139	76,994.71	553.92	.022	3347.60	11.95
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.18
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	134	75,838.21	565.96	.021	3447.19	11.77
ANCILLARIES	23	0	159,362.96	.00	.000	6928.82	24.73
INPATIENT CROSSOVERS	31	0	24,685.85	.00	.000	796.32	3.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	659	5,004	123,831.69	24.75	.777	187.91	19.22
MEDICAL	127	216	9,203.86	42.61	.034	72.47	1.43
SURGERY	44	54	2,308.30	42.75	.008	52.46	.36
PATHOLOGY	226	1,351	12,201.33	9.03	.210	53.99	1.89
RADIOLOGY	123	198	18,085.60	91.34	.031	147.04	2.81
ROOM USE	263	430	15,389.05	35.79	.067	58.51	2.39
CROSSOVERS/ALL OTH OUTPTNT	357	2,755	66,643.55	24.19	.428	186.68	10.34
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED      64 6G 6H 6U 6V 6X 8G

6,443 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	735	5,567	\$ 906,018.96	\$ 162.75	.864	\$ 1232.68	\$ 140.62
COMM HOSP INPATIENT TOTAL	110	563	782,187.27	1389.32	.087	7110.79	121.40
HSC HOSPITALS	58	424	521,143.75	1229.11	.066	8985.24	80.89
NON-HSC HOSPITALS TOTAL	23	139	236,357.67	1700.41	.022	10276.42	36.68
ACCOMMODATIONS	23	139	76,994.71	553.92	.022	3347.60	11.95
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.18
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	134	75,838.21	565.96	.021	3447.19	11.77
ANCILLARIES	23	0	159,362.96	.00	.000	6928.82	24.73
INPATIENT CROSSOVERS	31	0	24,685.85	.00	.000	796.32	3.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	659	5,004	123,831.69	24.75	.777	187.91	19.22
MEDICAL	127	216	9,203.86	42.61	.034	72.47	1.43
SURGERY	44	54	2,308.30	42.75	.008	52.46	.36
PATHOLOGY	226	1,351	12,201.33	9.03	.210	53.99	1.89
RADIOLOGY	123	198	18,085.60	91.34	.031	147.04	2.81
ROOM USE	263	430	15,389.05	35.79	.067	58.51	2.39



CROSSOVERS/ALL OTH OUTPTNT	357	2,755		66,643.55	24.19	.428	186.68	10.34
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	55	2,090	\$	351,932.11	\$ 168.39	.324	\$ 6398.77	\$ 54.62
LEV A-INTERMEDIATE	1	40		2,717.60	67.94	.006	2717.60	.42
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	119		65,799.85	552.94	.018	32899.93	10.21
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	54	1,931		283,414.66	146.77	.300	5248.42	43.99
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	68	2,055	\$	98,504.08	\$ 47.93	.319	\$ 1448.59	\$ 15.29
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	68	2,055		98,504.08	47.93	.319	1448.59	15.29
@REHABILITATION FACILITY	8	98	\$	2,692.70	\$ 27.48	.015	\$ 336.59	\$ .42
HOSPITAL BASED	6	64		2,003.23	31.30	.010	333.87	.31
INDEPENDENT FACILITY	2	34		689.47	20.28	.005	344.74	.11
@LABORATORY FACILITY	243	907	\$	11,744.63	\$ 12.95	.141	\$ 48.33	\$ 1.82
PATHOLOGY	231	879		11,600.99	13.20	.136	50.22	1.80
XO AND OTHERS	12	28		143.64	5.13	.004	11.97	.02
@ORGANIZED OUTPATIENT CLINIC	442	745	\$	104,858.80	\$ 140.75	.116	\$ 237.24	\$ 16.27
CLINIC	22	48		1,363.20	28.40	.007	61.96	.21
SURGICENTER	12	52		2,134.07	41.04	.008	177.84	.33
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	414	645		101,361.53	157.15	.100	244.83	15.73

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PLACER COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED      64 6G 6H 6U 6V 6X 8G

6,443 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	825	60,863	\$	263,177.51	\$ 4.32	9.446	\$ 319.00	\$ 40.85
DURABLE MED. EQUIP.	84	345		51,722.69	149.92	.054	615.75	8.03
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	135	5,619		32,762.24	5.83	.872	242.68	5.08
AMBULANCES/AIR TRANS	79	692		11,095.21	16.03	.107	140.45	1.72
OTHER TRANS	57	4,918		19,899.59	4.05	.763	349.12	3.09
OTHER SERVICES	4	9		1,767.44	196.38	.001	441.86	.27
ACUPUNCTURE	1	2		43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	39	615		41,776.10	67.93	.095	1071.18	6.48
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	28	83		9,417.99	113.47	.013	336.36	1.46
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	93	210		2,218.94	10.57	.033	23.86	.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.86	.86	.000	.86	.00
PROSTHETIST/ORTHOTISTS	7	16		1,794.36	112.15	.002	256.34	.28
PROSTHETICS	7	16		1,794.36	112.15	.002	256.34	.28
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	4	4		123.23	30.81	.001	30.81	.02
SPEECH AND AUDIOLOGY	22	54		3,707.53	68.66	.008	168.52	.58



HOSPICE SERVICES	9	122		17,227.34	141.21	.019	1914.15	2.67
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	220	10,546		51,906.18	4.92	1.637	235.94	8.06
EPSDT SUPPLEMENTAL SERVICE	4	234		6,881.76	29.41	.036	1720.44	1.07
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	264	43,012		43,595.04	1.01	6.676	165.13	6.77
@CALIF. CHILDREN SERVICES*	95	9,975	\$	85,028.39	\$ 8.52	1.548	\$ 895.04	\$ 13.20
@XOVER EXCLUDING STATE HOSP**	836	8,125	\$	114,948.96	\$ 14.15	1.261	\$ 137.50	\$ 17.84

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,705
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PLACER COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	

85,502 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37,321	183,576	\$ 10,061,839.09	\$ 54.81	2.147	\$ 269.60	\$ 117.68
@PHYSICIANS SERVICES	17,396	41,352	\$ 1,817,499.38	\$ 43.95	.484	\$ 104.48	\$ 21.26
OUTPATIENT VISITS	13,884	18,639	680,196.21	36.49	.218	48.99	7.96
OFFICE VISITS	9,939	12,712	398,333.26	31.34	.149	40.08	4.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,783	3,143	163,694.12	52.08	.037	58.82	1.91
PREVENTIVE CARE	4	4	200.64	50.16	.000	50.16	.00
OB VISITS/COMPRE PERI	721	1,192	81,012.44	67.96	.014	112.36	.95
OTHER OUTPATIENT	1,467	1,588	36,955.75	23.27	.019	25.19	.43
INPATIENT VISITS	589	2,188	132,666.77	60.63	.026	225.24	1.55
HOSPITAL VISITS	561	1,715	70,292.23	40.99	.020	125.30	.82
CRITICAL CARE	53	471	62,300.14	132.27	.006	1175.47	.73
SNF/ICF/TRANS IP CARE	1	2	74.40	37.20	.000	74.40	.00
OPHTHALMOLOGICAL SERVICES	103	127	5,069.84	39.92	.001	49.22	.06



EXAMINATIONS	98	122	4,994.30	40.94	.001	50.96	.06
SERVICES AND MATERIALS	5	5	75.54	15.11	.000	15.11	.00
INPATIENT HOSPITAL SURGERY	650	2,730	357,664.67	131.01	.032	550.25	4.18
PRINCIPAL SURGEON	428	488	287,216.46	588.56	.006	671.07	3.36
ASSISTANT SURGEON	102	101	18,159.63	179.80	.001	178.04	.21
ANESTHESIOLOGIST	246	2,141	52,288.58	24.42	.025	212.56	.61
OUTPATIENT SURGERY	1,240	2,534	176,568.23	69.68	.030	142.39	2.07
PRINCIPAL SURGEON	1,084	1,430	146,754.49	102.63	.017	135.38	1.72
ASSISTANT SURGEON	15	15	1,636.75	109.12	.000	109.12	.02
ANESTHESIOLOGIST	228	1,089	28,176.99	25.87	.013	123.58	.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1,525	2,116	29,459.53	13.92	.025	19.32	.34
RADIOLOGY	3,251	5,130	276,368.69	53.87	.060	85.01	3.23
PSYCHIATRY	131	143	4,716.14	32.98	.002	36.00	.06
IMMUNIZATION AND INJECTION	402	880	36,230.07	41.17	.010	90.12	.42
OTHER SERVICES/ALL X-OVERS	1,508	6,865	118,559.23	17.27	.080	78.62	1.39
@PHARMACY	18,161	52,540	\$ 2,676,268.36	\$ 50.94	.614	\$ 147.36	\$ 31.30
PRESCRIPTION DRUGS	18,048	40,620	2,514,526.35	61.90	.475	139.32	29.41
SNF/ICF	18	113	4,452.05	39.40	.001	247.34	.05
OUTPATIENTS	18,041	40,507	2,510,074.30	61.97	.474	139.13	29.36
MEDICAL SUPPLIES	471	11,920	161,742.01	13.57	.139	343.40	1.89
@DENTIST	4,415	21,319	\$ 667,024.79	\$ 31.29	.249	\$ 151.08	\$ 7.80
VISITS - DIAGNOSTIC	3,280	14,687	220,567.45	15.02	.172	67.25	2.58
ORAL SURGERY	555	1,088	58,203.75	53.50	.013	104.87	.68
DRUGS	209	230	5,243.75	22.80	.003	25.09	.06
ANESTHESIA	12	12	1,250.00	104.17	.000	104.17	.01
PERIODONTICS	61	61	6,219.20	101.95	.001	101.95	.07
ENDODONTICS	422	763	116,895.16	153.20	.009	277.00	1.37
RESTORATIVE DENTISTRY	1,446	3,944	216,653.63	54.93	.046	149.83	2.53
PROSTHETICS	26	27	758.50	28.09	.000	29.17	.01
DENTURES, STAYPLATES	66	171	21,546.00	126.00	.002	326.45	.25
SPACE MAINTAINERS	39	48	4,748.00	98.92	.001	121.74	.06
MAXILLOFACIAL SERVICES	8	8	2,894.35	361.79	.000	361.79	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	100	140	11,520.00	82.29	.002	115.20	.13
ALL OTHER SERVICES	135	140	525.00	3.75	.002	3.89	.01

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
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SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

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	85,502 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	929	2,607	\$	58,906.85	\$ 22.60	.030	\$ 63.41	\$ .69
DIAGNOSTIC AND ANC. PROCED	677	704		30,031.42	42.66	.008	44.36	.35
EYE APPLIANCES	680	1,875		28,076.27	14.97	.022	41.29	.33
OTHER OPTOMETRIC SERVICES	23	28		799.16	28.54	.000	34.75	.01
@CHIROPRACTOR	175	277	\$	4,602.18	\$ 16.61	.003	\$ 26.30	\$ .05
VISITS	175	277		4,602.18	16.61	.003	26.30	.05
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	77	113	\$	3,842.71	\$ 34.01	.001	\$ 49.91	\$ .04
MEDICINE/INJECTIONS	68	87		3,171.74	36.46	.001	46.64	.04
SURGERY/ANES.	2	2		107.04	53.52	.000	53.52	.00
RADIO./PATHOLOGY	3	3		59.74	19.91	.000	19.91	.00
OTHER	10	21		504.19	24.01	.000	50.42	.01
@HOME HEALTH AGENCY	46	155	\$	9,328.13	\$ 60.18	.002	\$ 202.79	\$ .11
NURSE ANESTHESIST	2	14	\$	309.06	\$ 22.08	.000	\$ 154.53	\$ .00



NURSE MIDWIFE	8	74	\$	1,896.08	\$	25.62	.001	\$	237.01	\$	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	21	59	\$	1,607.06	\$	27.24	.001	\$	76.53	\$	.02
@TOTAL HOSPITAL	6,926	29,395	\$	3,710,579.66	\$	126.23	.344	\$	535.75	\$	43.40
HOSP INPATIENT TOTAL	540	2,146		3,003,831.22		1399.73	.025		5562.65		35.13
HSC HOSPITALS	363	1,460		1,898,165.89		1300.11	.017		5229.11		22.20
NON-HSC HOSPITAL TOTAL	174	686		1,097,047.73		1599.19	.008		6304.87		12.83
ACCOMMODATIONS	174	686		386,500.65		563.41	.008		2221.27		4.52
ADMINISTRATIVE DAYS	1	1		173.48		173.48	.000		173.48		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	173	685		386,327.17		563.98	.008		2233.11		4.52
ANCILLARIES	174	0		710,547.08		.00	.000		4083.60		8.31
INPATIENT CROSSOVERS	8	0		8,617.60		.00	.000		1077.20		.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,605	27,249		706,748.44		25.94	.319		107.00		8.27
MEDICAL	875	1,294		48,314.54		37.34	.015		55.22		.57
SURGERY	624	720		26,413.38		36.69	.008		42.33		.31
PATHOLOGY	2,618	10,891		118,576.60		10.89	.127		45.29		1.39
RADIOLOGY	1,560	2,306		165,763.47		71.88	.027		106.26		1.94
ROOM USE	4,561	5,640		209,567.84		37.16	.066		45.95		2.45
CROSSOVERS/ALL OTH OUTPTNT	2,224	6,398		138,112.61		21.59	.075		62.10		1.62
@COUNTY HOSPITAL TOTAL	11	55	\$	5,931.23	\$	107.84	.001	\$	539.20	\$	.07
CO HOSPITAL INPATIENT TOTAL	2	3		3,864.02		1288.01	.000		1932.01		.05
HSC HOSPITALS	2	3		3,864.02		1288.01	.000		1932.01		.05
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	52		2,067.21		39.75	.001		206.72		.02
MEDICAL	1	1		31.81		31.81	.000		31.81		.00
SURGERY	5	7		559.23		79.89	.000		111.85		.01
PATHOLOGY	4	19		324.72		17.09	.000		81.18		.00
RADIOLOGY	1	1		27.59		27.59	.000		27.59		.00
ROOM USE	4	9		543.14		60.35	.000		135.79		.01
CROSSOVERS/ALL OTH OUTPTNT	7	15		580.72		38.71	.000		82.96		.01

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PLACER COUNTY      SUMMARY OF SERVICES FOR      MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	85,502 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,918	29,340	\$	3,704,648.43	\$ 126.27	.343	\$ 535.51	\$ 43.33
COMM HOSP INPATIENT TOTAL	538	2,143		2,999,967.20	1399.89	.025	5576.15	35.09
HSC HOSPITALS	361	1,457		1,894,301.87	1300.14	.017	5247.37	22.16
NON-HSC HOSPITALS TOTAL	174	686		1,097,047.73	1599.19	.008	6304.87	12.83
ACCOMMODATIONS	174	686		386,500.65	563.41	.008	2221.27	4.52
ADMINISTRATIVE DAYS	1	1		173.48	173.48	.000	173.48	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	173	685		386,327.17	563.98	.008	2233.11	4.52
ANCILLARIES	174	0		710,547.08	.00	.000	4083.60	8.31
INPATIENT CROSSOVERS	8	0		8,617.60	.00	.000	1077.20	.10
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00



COMM HOSP OUTPATIENT TOTAL	6,598	27,197		704,681.23	25.91	.318	106.80	8.24	
MEDICAL	874	1,293		48,282.73	37.34	.015	55.24	.56	
SURGERY	619	713		25,854.15	36.26	.008	41.77	.30	
PATHOLOGY	2,615	10,872		118,251.88	10.88	.127	45.22	1.38	
RADIOLOGY	1,560	2,305		165,735.88	71.90	.027	106.24	1.94	
ROOM USE	4,558	5,631		209,024.70	37.12	.066	45.86	2.44	
CROSSOVERS/ALL OTH OUTPTNT	2,220	6,383		137,531.89	21.55	.075	61.95	1.61	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	2	11	\$	2,190.59	\$ 199.14	.000	\$ 1095.30	\$ .03	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	2	11		2,190.59	199.14	.000	1095.30	.03	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	6	93	\$	7,919.34	\$ 85.15	.001	\$ 1319.89	\$ .09	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	6	93		7,919.34	85.15	.001	1319.89	.09	
@REHABILITATION FACILITY	17	44	\$	1,660.80	\$ 37.75	.001	\$ 97.69	\$ .02	
HOSPITAL BASED	17	44		1,660.80	37.75	.001	97.69	.02	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	3,136	9,542	\$	135,542.60	\$ 14.20	.112	\$ 43.22	\$ 1.59	
PATHOLOGY	3,134	9,540		135,479.25	14.20	.112	43.23	1.58	
XO AND OTHERS	2	2		63.35	31.68	.000	31.68	.00	
@ORGANIZED OUTPATIENT CLINIC	3,147	6,330	\$	747,863.17	\$ 118.15	.074	\$ 237.64	\$ 8.75	
CLINIC	852	2,535		75,552.02	29.80	.030	88.68	.88	
SURGICENTER	78	446		14,706.84	32.97	.005	188.55	.17	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	2,263	3,349		657,604.31	196.36	.039	290.59	7.69	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,708
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K								

	85,502 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,267	19,651	\$	214,798.33	\$ 10.93	.230	\$ 94.75	\$ 2.51
DURABLE MED. EQUIP.	188	542		30,587.55	56.43	.006	162.70	.36
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	343	8,382		76,635.78	9.14	.098	223.43	.90
AMBULANCES/AIR TRANS	333	3,073		46,522.24	15.14	.036	139.71	.54
OTHER TRANS	10	5,297		13,883.90	2.62	.062	1388.39	.16
OTHER SERVICES	12	12		16,229.64	1352.47	.000	1352.47	.19
ACUPUNCTURE	5	13		254.10	19.55	.000	50.82	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	134	134		14,070.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	6		124.19	20.70	.000	124.19	.00
OPTICIAN	669	1,431		12,989.64	9.08	.017	19.42	.15
PHYSICAL THERAPIST	4	19		314.59	16.56	.000	78.65	.00



PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	43	71	9,449.01	133.08	.001	219.74	.11
PROSTHETICS	43	71	9,449.01	133.08	.001	219.74	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	75	165	10,982.92	66.56	.002	146.44	.13
HOSPICE SERVICES	3	22	2,983.00	135.59	.000	994.33	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	727	3,378	33,101.28	9.80	.040	45.53	.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	134	5,484	23,230.30	4.24	.064	173.36	.27
@CALIF. CHILDREN SERVICES*	340	6,608	\$ 773,603.96	\$ 117.07	.077	\$ 2275.31	\$ 9.05
@XOVER EXCLUDING STATE HOSP**	169	1,000	\$ 31,795.69	\$ 31.80	.012	\$ 188.14	\$ .37

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,709
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL	

98,908 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	48,015	418,010	\$ 17,212,521.02	\$ 41.18	4.226	\$ 358.48	\$ 174.03
@PHYSICIANS SERVICES	19,747	49,334	\$ 2,165,517.52	\$ 43.90	.499	\$ 109.66	\$ 21.89
OUTPATIENT VISITS	14,842	20,007	730,946.84	36.53	.202	49.25	7.39
OFFICE VISITS	10,672	13,713	429,935.89	31.35	.139	40.29	4.35
HOME VISITS	1	1	49.20	49.20	.000	49.20	.00
EMERGENCY ROOM	2,953	3,366	179,180.22	53.23	.034	60.68	1.81
PREVENTIVE CARE	5	5	244.49	48.90	.000	48.90	.00
OB VISITS/COMPRE PERI	721	1,192	81,012.44	67.96	.012	112.36	.82
OTHER OUTPATIENT	1,593	1,730	40,524.60	23.42	.017	25.44	.41
INPATIENT VISITS	757	3,004	165,358.72	55.05	.030	218.44	1.67
HOSPITAL VISITS	708	2,467	97,912.35	39.69	.025	138.29	.99
CRITICAL CARE	61	508	66,315.42	130.54	.005	1087.14	.67
SNF/ICF/TRANS IP CARE	22	29	1,130.95	39.00	.000	51.41	.01
OPHTHALMOLOGICAL SERVICES	170	220	8,781.27	39.91	.002	51.65	.09
EXAMINATIONS	163	211	8,587.21	40.70	.002	52.68	.09
SERVICES AND MATERIALS	9	9	194.06	21.56	.000	21.56	.00
INPATIENT HOSPITAL SURGERY	735	3,224	399,142.51	123.80	.033	543.05	4.04
PRINCIPAL SURGEON	494	588	319,165.61	542.80	.006	646.08	3.23
ASSISTANT SURGEON	106	105	19,116.23	182.06	.001	180.34	.19
ANESTHESIOLOGIST	276	2,531	60,860.67	24.05	.026	220.51	.62
OUTPATIENT SURGERY	1,390	2,857	221,634.94	77.58	.029	159.45	2.24
PRINCIPAL SURGEON	1,216	1,613	187,594.62	116.30	.016	154.27	1.90
ASSISTANT SURGEON	17	17	1,930.49	113.56	.000	113.56	.02
ANESTHESIOLOGIST	256	1,227	32,109.83	26.17	.012	125.43	.32
DIALYSIS	33	143	13,101.12	91.62	.001	397.00	.13
PATHOLOGY	1,620	2,308	33,371.16	14.46	.023	20.60	.34
RADIOLOGY	3,719	6,214	358,387.63	57.67	.063	96.37	3.62
PSYCHIATRY	136	149	4,914.02	32.98	.002	36.13	.05
IMMUNIZATION AND INJECTION	465	1,121	43,014.08	38.37	.011	92.50	.43
OTHER SERVICES/ALL X-OVERS	2,757	10,087	186,865.23	18.53	.102	67.78	1.89
@PHARMACY	26,897	155,831	\$ 5,882,067.59	\$ 37.75	1.576	\$ 218.69	\$ 59.47
PRESCRIPTION DRUGS	26,636	78,447	5,662,423.56	72.18	.793	212.59	57.25



SNF/ICF	270	2,411	142,673.37	59.18	.024	528.42	1.44
OUTPATIENTS	26,410	76,036	5,519,750.19	72.59	.769	209.00	55.81
MEDICAL SUPPLIES	1,085	77,384	219,644.03	2.84	.782	202.44	2.22
@DENTIST	5,068	23,914	778,924.30	32.57	.242	153.69	7.88
VISITS - DIAGNOSTIC	3,716	16,330	242,565.76	14.85	.165	65.28	2.45
ORAL SURGERY	673	1,433	74,502.75	51.99	.014	110.70	.75
DRUGS	212	233	5,293.75	22.72	.002	24.97	.05
ANESTHESIA	12	12	1,250.00	104.17	.000	104.17	.01
PERIODONTICS	83	84	8,590.20	102.26	.001	103.50	.09
ENDODONTICS	464	817	128,069.16	156.76	.008	276.01	1.29
RESTORATIVE DENTISTRY	1,589	4,248	237,400.83	55.89	.043	149.40	2.40
PROSTHETICS	35	37	1,028.50	27.80	.000	29.39	.01
DENTURES, STAYPLATES	160	377	60,416.00	160.25	.004	377.60	.61
SPACE MAINTAINERS	40	49	4,868.00	99.35	.000	121.70	.05
MAXILLOFACIAL SERVICES	8	8	2,894.35	361.79	.000	361.79	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	100	140	11,520.00	82.29	.001	115.20	.12
ALL OTHER SERVICES	152	146	525.00	3.60	.001	3.45	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,710
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL						

					----- MONTHLY AVERAGE -----			
98,908 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1,143	3,190	\$ 71,879.61	\$ 22.53	.032	\$ 62.89	\$ .73	
DIAGNOSTIC AND ANC. PROCED	747	777	33,236.72	42.78	.008	44.49	.34	
EYE APPLIANCES	841	2,334	36,024.44	15.43	.024	42.84	.36	
OTHER OPTOMETRIC SERVICES	57	79	2,618.45	33.14	.001	45.94	.03	
@CHIROPRACTOR	182	291	\$ 4,836.26	\$ 16.62	.003	\$ 26.57	\$ .05	
VISITS	181	289	4,802.82	16.62	.003	26.53	.05	
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00	
@PODIATRIST	138	254	\$ 5,280.49	\$ 20.79	.003	\$ 38.26	\$ .05	



MEDICINE/INJECTIONS	72	92		3,324.94	36.14	.001	46.18	.03
SURGERY/ANES.	4	4		215.18	53.80	.000	53.80	.00
RADIO./PATHOLOGY	3	3		59.74	19.91	.000	19.91	.00
OTHER	66	155		1,680.63	10.84	.002	25.46	.02
@HOME HEALTH AGENCY	167	20,508	\$	620,528.17	\$ 30.26	.207	\$ 3715.74	\$ 6.27
NURSE ANESTHESIST	5	43	\$	448.34	\$ 10.43	.000	\$ 89.67	\$ .00
NURSE MIDWIFE	8	74	\$	1,896.08	\$ 25.62	.001	\$ 237.01	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	26	78	\$	1,974.35	\$ 25.31	.001	\$ 75.94	\$ .02
@TOTAL HOSPITAL	8,036	38,355	\$	4,822,054.79	\$ 125.72	.388	\$ 600.06	\$ 48.75
HOSP INPATIENT TOTAL	704	2,802		3,929,249.48	1402.30	.028	5581.32	39.73
HSC HOSPITALS	436	1,949		2,492,930.63	1279.08	.020	5717.73	25.20
NON-HSC HOSPITAL TOTAL	203	853		1,377,738.24	1615.17	.009	6786.89	13.93
ACCOMMODATIONS	203	853		482,163.06	565.26	.009	2375.19	4.87
ADMINISTRATIVE DAYS	2	6		1,329.98	221.66	.000	664.99	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	201	847		480,833.08	567.69	.009	2392.20	4.86
ANCILLARIES	203	0		895,575.18	.00	.000	4411.70	9.05
INPATIENT CROSSOVERS	73	0		58,580.61	.00	.000	802.47	.59
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,599	35,553		892,805.31	25.11	.359	117.49	9.03
MEDICAL	1,045	1,593		61,621.44	38.68	.016	58.97	.62
SURGERY	681	791		30,181.61	38.16	.008	44.32	.31
PATHOLOGY	2,942	12,885		135,429.53	10.51	.130	46.03	1.37
RADIOLOGY	1,732	2,663		198,128.70	74.40	.027	114.39	2.00
ROOM USE	4,917	6,205		230,031.22	37.07	.063	46.78	2.33
CROSSOVERS/ALL OTH OUTPTNT	2,781	11,416		237,412.81	20.80	.115	85.37	2.40
@COUNTY HOSPITAL TOTAL	12	57	\$	5,983.00	\$ 104.96	.001	\$ 498.58	\$ .06
CO HOSPITAL INPATIENT TOTAL	2	3		3,864.02	1288.01	.000	1932.01	.04
HSC HOSPITALS	2	3		3,864.02	1288.01	.000	1932.01	.04
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	54		2,118.98	39.24	.001	192.63	.02
MEDICAL	2	2		46.70	23.35	.000	23.35	.00
SURGERY	5	7		559.23	79.89	.000	111.85	.01
PATHOLOGY	4	19		324.72	17.09	.000	81.18	.00
RADIOLOGY	1	1		27.59	27.59	.000	27.59	.00
ROOM USE	5	10		580.02	58.00	.000	116.00	.01
CROSSOVERS/ALL OTH OUTPTNT	7	15		580.72	38.71	.000	82.96	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,711  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	98,908 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,027	38,298	\$	4,816,071.79	\$ 125.75	.387	\$ 599.98	\$ 48.69
COMM HOSP INPATIENT TOTAL	702	2,799		3,925,385.46	1402.42	.028	5591.72	39.69
HSC HOSPITALS	434	1,946		2,489,066.61	1279.07	.020	5735.18	25.17
NON-HSC HOSPITALS TOTAL	203	853		1,377,738.24	1615.17	.009	6786.89	13.93
ACCOMMODATIONS	203	853		482,163.06	565.26	.009	2375.19	4.87



ADMINISTRATIVE DAYS	2	6		1,329.98	221.66	.000	664.99	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	201	847		480,833.08	567.69	.009	2392.20	4.86
ANCILLARIES	203	0		895,575.18	.00	.000	4411.70	9.05
INPATIENT CROSSOVERS	73	0		58,580.61	.00	.000	802.47	.59
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7,591	35,499		890,686.33	25.09	.359	117.33	9.01
MEDICAL	1,043	1,591		61,574.74	38.70	.016	59.04	.62
SURGERY	676	784		29,622.38	37.78	.008	43.82	.30
PATHOLOGY	2,939	12,866		135,104.81	10.50	.130	45.97	1.37
RADIOLOGY	1,732	2,662		198,101.11	74.42	.027	114.38	2.00
ROOM USE	4,913	6,195		229,451.20	37.04	.063	46.70	2.32
CROSSOVERS/ALL OTH OUTPTNT	2,777	11,401		236,832.09	20.77	.115	85.28	2.39
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	238	6,955	\$	975,245.07	140.22	.070	4097.67	9.86
LEV A-INTERMEDIATE	1	40		2,717.60	67.94	.000	2717.60	.03
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	2	119		73,716.25	619.46	.001	36858.13	.75
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	237	6,796		898,811.22	132.26	.069	3792.45	9.09
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	124	3,257	\$	180,864.76	55.53	.033	1458.59	1.83
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	124	3,257		180,864.76	55.53	.033	1458.59	1.83
@REHABILITATION FACILITY	28	151	\$	4,601.42	30.47	.002	164.34	.05
HOSPITAL BASED	26	117		3,911.95	33.44	.001	150.46	.04
INDEPENDENT FACILITY	2	34		689.47	20.28	.000	344.74	.01
@LABORATORY FACILITY	3,485	10,990	\$	153,470.83	13.96	.111	44.04	1.55
PATHOLOGY	3,469	10,954		153,233.09	13.99	.111	44.17	1.55
XO AND OTHERS	16	36		237.74	6.60	.000	14.86	.00
@ORGANIZED OUTPATIENT CLINIC	3,798	7,441	\$	893,601.52	120.09	.075	235.28	9.03
CLINIC	881	2,600		77,929.74	29.97	.026	88.46	.79
SURGICENTER	112	603		23,659.32	39.24	.006	211.24	.24
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,859	4,238		792,012.46	186.88	.043	277.02	8.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,712
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL							

----- MONTHLY AVERAGE -----								
98,908 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,628	97,344	\$ 649,329.92	\$ 6.67	.984	\$ 178.98	\$ 6.56	
DURABLE MED. EQUIP.	290	915	84,959.99	92.85	.009	292.97	.86	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	5	5	1,909.59	381.92	.000	381.92	.02	
MEDICAL TRANSPORTATION	590	21,759	141,193.91	6.49	.220	239.31	1.43	
AMBULANCES/AIR TRANS	430	3,862	59,857.48	15.50	.039	139.20	.61	
OTHER TRANS	162	17,861	63,313.50	3.54	.181	390.82	.64	
OTHER SERVICES	18	36	18,022.93	500.64	.000	1001.27	.18	
ACUPUNCTURE	20	65	1,173.21	18.05	.001	58.66	.01	



ADULT DAY HEALTH CARE CTR	154	2,182	150,355.86	68.91	.022	976.34	1.52
GENETIC DISEASE TESTING	134	134	14,070.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	47	199	17,695.03	88.92	.002	376.49	.18
OCCUPATIONAL THERAPIST	1	6	124.19	20.70	.000	124.19	.00
OPTICIAN	850	1,837	17,383.66	9.46	.019	20.45	.18
PHYSICAL THERAPIST	4	19	314.59	16.56	.000	78.65	.00
PORTABLE X-RAY	5	9	10.54	1.17	.000	2.11	.00
PROSTHETIST/ORTHOTISTS	52	94	11,312.69	120.35	.001	217.55	.11
PROSTHETICS	52	94	11,312.69	120.35	.001	217.55	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	9	199.53	22.17	.000	33.26	.00
SPEECH AND AUDIOLOGY	109	240	18,855.43	78.56	.002	172.99	.19
HOSPICE SERVICES	14	172	23,684.46	137.70	.002	1691.75	.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	947	13,924	85,007.46	6.11	.141	89.77	.86
EPSDT SUPPLEMENTAL SERVICE	4	234	6,881.76	29.41	.002	1720.44	.07
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	580	55,541	74,198.02	1.34	.562	127.93	.75
@CALIF. CHILDREN SERVICES*	435	16,583	\$ 858,632.35	\$ 51.78	.168	\$ 1973.87	\$ 8.68
@XOVER EXCLUDING STATE HOSP**	1,727	13,474	\$ 259,234.63	\$ 19.24	.136	\$ 150.11	\$ 2.62

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,713  
 MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y

212 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	333	7,199	\$ 306,928.38	\$ 42.63	33.958	\$ 921.71	\$ 1447.78
@PHYSICIANS SERVICES	39	330	\$ 1,900.83	\$ 5.76	1.557	\$ 48.74	\$ 8.97
OUTPATIENT VISITS	11	14	182.72	13.05	.066	16.61	.86
OFFICE VISITS	10	13	74.64	5.74	.061	7.46	.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.005	108.08	.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	0	3.77CR	.00	.000	3.77CR	.02CR
HOSPITAL VISITS	1	1	43.13	43.13	.005	43.13	.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	1CR	46.90CR	46.90	.005CR	.00	.22CR
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00



RADIOLOGY	1	1		211.13	211.13	.005	211.13	1.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	240		482.17	2.01	1.132	241.09	2.27
OTHER SERVICES/ALL X-OVERS	28	75		1,028.58	13.71	.354	36.74	4.85
@PHARMACY	206	3,542	\$	76,273.03	\$ 21.53	16.708	\$ 370.26	\$ 359.78
PRESCRIPTION DRUGS	203	999		74,400.41	74.47	4.712	366.50	350.95
SNF/ICF	62	371		15,583.24	42.00	1.750	251.34	73.51
OUTPATIENTS	146	628		58,817.17	93.66	2.962	402.86	277.44
MEDICAL SUPPLIES	20	2,543		1,872.62	.74	11.995	93.63	8.83
@DENTIST	32	113	\$	3,816.00	\$ 33.77	.533	\$ 119.25	\$ 18.00
VISITS - DIAGNOSTIC	24	63		852.00	13.52	.297	35.50	4.02
ORAL SURGERY	4	7		90.00	12.86	.033	22.50	.42
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	14		259.00	18.50	.066	86.33	1.22
PROSTHETICS	1	1		30.00	30.00	.005	30.00	.14
DENTURES, STAYPLATES	9	28		2,585.00	92.32	.132	287.22	12.19
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,714
MOPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED							
	AID CODE 17 1Y							

212 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	6 \$	153.67	\$ 25.61	.028	\$ 76.84	\$ .72
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	6	106.22	17.70	.028	53.11	.50
OTHER OPTOMETRIC SERVICES	1	0	47.45	.00	.000	47.45	.22
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	5.96	\$ 5.96	.005	\$ 5.96	\$ .03
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	5.96	5.96	.005	5.96	.03
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	.00	\$ .00
@TOTAL HOSPITAL	25	168 \$	7,441.94	\$ 44.30	.792	\$ 297.68	\$ 35.10
HOSP INPATIENT TOTAL	6	0	4,349.69	.00	.000	724.95	20.52
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00



INPATIENT CROSSOVERS	6	0	4,349.69	.00	.000	724.95	20.52
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	19	168	3,092.25	18.41	.792	162.75	14.59
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	16	45.62	2.85	.075	45.62	.22
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	152	3,046.63	20.04	.717	169.26	14.37
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,715  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y

	212 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	168	\$	7,441.94	\$ 44.30	.792	\$ 297.68	\$ 35.10
COMM HOSP INPATIENT TOTAL	6	0		4,349.69	.00	.000	724.95	20.52
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	0		4,349.69	.00	.000	724.95	20.52
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	168		3,092.25	18.41	.792	162.75	14.59
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	16		45.62	2.85	.075	45.62	.22
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	18	152		3,046.63	20.04	.717	169.26	14.37
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	69	2,027	\$	178,526.92	\$ 88.07	9.561	\$ 2587.35	\$ 842.11
LEV A-INTERMEDIATE	1	53		4,201.43	79.27	.250	4201.43	19.82
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	68	1,974		174,325.49	88.31	9.311	2563.61	822.29
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	9	\$	1,201.32	\$ 133.48	.042	\$ 400.44	\$ 5.67
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3	9		1,201.32	133.48	.042	400.44	5.67
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,716 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05 PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y								

212 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	49	1,003	\$	37,608.71	\$ 37.50	4.731	\$ 767.52	\$ 177.40
DURABLE MED. EQUIP.	1	81		2,997.00	37.00	.382	2997.00	14.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00



HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	117	821.41	7.02	.552	74.67	3.87
AMBULANCES/AIR TRANS	4	18	447.11	24.84	.085	111.78	2.11
OTHER TRANS	6	96	359.58	3.75	.453	59.93	1.70
OTHER SERVICES	2	3	14.72	4.91	.014	7.36	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	17	198	13,220.20	66.77	.934	777.66	62.36
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	122	7,748.95	63.52	.575	968.62	36.55
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	18	214.30	11.91	.085	35.72	1.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.68	.68	.005	.68	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	7.07	7.07	.005	7.07	.03
SPEECH AND AUDIOLOGY	3	3	1,160.36	386.79	.014	386.79	5.47
HOSPICE SERVICES	2	99	11,248.38	113.62	.467	5624.19	53.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	363	190.36	.52	1.712	47.59	.90
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	68	233	\$ 11,423.70	\$ 49.03	1.099	\$ 168.00	\$ 53.89

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,717

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND

AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00



OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,718  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00



NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,719  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00



CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00		.00
DEVELOP. DISABLED	0	0		.00		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00		.00
LEV B-REHAB MD	0	0		.00		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.00
LEV B-REGULAR	0	0		.00		.00		.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00		.00
ICF DD	0	0		.00		.00		.00
ICF DDN/DDCN	0	0		.00		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00		.00
XO AND OTHERS	0	0		.00		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$	.00
CLINIC	0	0		.00		.00		.00
SURGICENTER	0	0		.00		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,720  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

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03/14/05

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	446	5,620	\$ 582,683.65	\$ 103.68	24.867	\$ 1306.47	\$ 2578.25
@PHYSICIANS SERVICES	142	999	\$ 42,085.35	\$ 42.13	4.420	\$ 296.38	\$ 186.22
OUTPATIENT VISITS	50	91	3,787.83	41.62	.403	75.76	16.76
OFFICE VISITS	29	53	1,425.58	26.90	.235	49.16	6.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	32	2,221.37	69.42	.142	100.97	9.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6	140.88	23.48	.027	23.48	.62
INPATIENT VISITS	24	147	6,672.96	45.39	.650	278.04	29.53
HOSPITAL VISITS	24	142	6,114.46	43.06	.628	254.77	27.06
CRITICAL CARE	2	4	486.40	121.60	.018	243.20	2.15
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.004	72.10	.32
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.004	46.44	.21



EXAMINATIONS	1	1		46.44	46.44	.004	46.44	.21
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	63		6,225.05	98.81	.279	518.75	27.54
PRINCIPAL SURGEON	8	13		4,337.47	333.65	.058	542.18	19.19
ASSISTANT SURGEON	2	2		558.45	279.23	.009	279.23	2.47
ANESTHESIOLOGIST	4	48		1,329.13	27.69	.212	332.28	5.88
OUTPATIENT SURGERY	9	16		2,388.95	149.31	.071	265.44	10.57
PRINCIPAL SURGEON	7	8		2,162.97	270.37	.035	309.00	9.57
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	8		225.98	28.25	.035	112.99	1.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	14		162.90	11.64	.062	54.30	.72
RADIOLOGY	53	133		4,016.82	30.20	.588	75.79	17.77
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	145		13,994.92	96.52	.642	1999.27	61.92
OTHER SERVICES/ALL X-OVERS	70	389		4,789.48	12.31	1.721	68.42	21.19
@PHARMACY	229	2,386	\$	251,494.97	\$ 105.40	10.558	\$ 1098.23	\$ 1112.81
PRESCRIPTION DRUGS	219	1,576		248,892.35	157.93	6.973	1136.49	1101.29
SNF/ICF	21	206		12,282.78	59.63	.912	584.89	54.35
OUTPATIENTS	204	1,370		236,609.57	172.71	6.062	1159.85	1046.95
MEDICAL SUPPLIES	23	810		2,602.62	3.21	3.584	113.16	11.52
@DENTIST	23	73	\$	1,452.00	\$ 19.89	.323	\$ 63.13	\$ 6.42
VISITS - DIAGNOSTIC	16	42		315.00	7.50	.186	19.69	1.39
ORAL SURGERY	3	8		.00	.00	.035	.00	.00
DRUGS	1	1		.00	.00	.004	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	3		260.00	86.67	.013	86.67	1.15
RESTORATIVE DENTISTRY	6	19		877.00	46.16	.084	146.17	3.88
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		.00	.00	.013	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	3CR		.00	.00	.013CR	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,722
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y							

226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	12	\$ 215.53	\$ 17.96	.053	\$ 35.92	\$ .95
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.004	47.45	.21
EYE APPLIANCES	5	11	168.08	15.28	.049	33.62	.74
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	3	\$ 16.72	\$ 5.57	.013	\$ 16.72	\$ .07
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	3	16.72	5.57	.013	16.72	.07
@HOME HEALTH AGENCY	4	17	\$ 1,231.19	\$ 72.42	.075	\$ 307.80	\$ 5.45
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	6	\$	108.24	\$	18.04	.027	\$	108.24	\$	.48
@TOTAL HOSPITAL	94	956	\$	238,375.01	\$	249.35	4.230	\$	2535.90	\$	1054.76
HOSP INPATIENT TOTAL	26	188		222,563.39		1183.85	.832		8560.13		984.79
HSC HOSPITALS	13	91		101,427.99		1114.59	.403		7802.15		448.80
NON-HSC HOSPITAL TOTAL	7	97		114,239.78		1177.73	.429		16319.97		505.49
ACCOMMODATIONS	7	97		47,725.49		492.02	.429		6817.93		211.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	97		47,725.49		492.02	.429		6817.93		211.17
ANCILLARIES	7	0		66,514.29		.00	.000		9502.04		294.31
INPATIENT CROSSOVERS	10	0		6,895.62		.00	.000		689.56		30.51
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	74	768		15,811.62		20.59	3.398		213.67		69.96
MEDICAL	18	30		1,125.74		37.52	.133		62.54		4.98
SURGERY	11	12		250.88		20.91	.053		22.81		1.11
PATHOLOGY	33	249		2,182.74		8.77	1.102		66.14		9.66
RADIOLOGY	30	51		5,271.84		103.37	.226		175.73		23.33
ROOM USE	40	46		1,781.83		38.74	.204		44.55		7.88
CROSSOVERS/ALL OTH OUTPTNT	51	380		5,198.59		13.68	1.681		101.93		23.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

	226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94	956	\$	238,375.01	\$ 249.35	4.230	\$ 2535.90	\$ 1054.76
COMM HOSP INPATIENT TOTAL	26	188		222,563.39	1183.85	.832	8560.13	984.79
HSC HOSPITALS	13	91		101,427.99	1114.59	.403	7802.15	448.80
NON-HSC HOSPITALS TOTAL	7	97		114,239.78	1177.73	.429	16319.97	505.49
ACCOMMODATIONS	7	97		47,725.49	492.02	.429	6817.93	211.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	97		47,725.49	492.02	.429	6817.93	211.17
ANCILLARIES	7	0		66,514.29	.00	.000	9502.04	294.31
INPATIENT CROSSOVERS	10	0		6,895.62	.00	.000	689.56	30.51
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00



COMM HOSP OUTPATIENT TOTAL	74	768		15,811.62		20.59	3.398	213.67	69.96
MEDICAL	18	30		1,125.74		37.52	.133	62.54	4.98
SURGERY	11	12		250.88		20.91	.053	22.81	1.11
PATHOLOGY	33	249		2,182.74		8.77	1.102	66.14	9.66
RADIOLOGY	30	51		5,271.84		103.37	.226	175.73	23.33
ROOM USE	40	46		1,781.83		38.74	.204	44.55	7.88
CROSSOVERS/ALL OTH OUTPTNT	51	380		5,198.59		13.68	1.681	101.93	23.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	12	307	\$	24,641.14	\$	80.26	1.358	2053.43	109.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	12	307		24,641.14		80.26	1.358	2053.43	109.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	124	\$	1,157.22	\$	9.33	.549	231.44	5.12
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	5	124		1,157.22		9.33	.549	231.44	5.12
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	17	70	\$	630.85	\$	9.01	.310	37.11	2.79
PATHOLOGY	15	67		612.57		9.14	.296	40.84	2.71
XO AND OTHERS	2	3		18.28		6.09	.013	9.14	.08
@ORGANIZED OUTPATIENT CLINIC	16	27	\$	3,417.93	\$	126.59	.119	213.62	15.12
CLINIC	3	4		188.90		47.23	.018	62.97	.84
SURGICENTER	2	9		665.21		73.91	.040	332.61	2.94
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	11	14		2,563.82		183.13	.062	233.07	11.34

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR      MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

	226 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	59	640	\$	17,857.50	\$ 27.90	2.832	\$ 302.67	\$ 79.02
DURABLE MED. EQUIP.	5	11		556.30	50.57	.049	111.26	2.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	13	151		1,460.96	9.68	.668	112.38	6.46
AMBULANCES/AIR TRANS	8	27		1,149.51	42.57	.119	143.69	5.09
OTHER TRANS	4	105		270.07	2.57	.465	67.52	1.20
OTHER SERVICES	3	19		41.38	2.18	.084	13.79	.18
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	5	58		4,035.64	69.58	.257	807.13	17.86
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	12	67		6,857.25	102.35	.296	571.44	30.34
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	13		121.77	9.37	.058	24.35	.54
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00



PORTABLE X-RAY	1	1	.56	.56	.004	.56	.00
PROSTHETIST/ORTHOTISTS	1	24	802.96	33.46	.106	802.96	3.55
PROSTHETICS	1	24	802.96	33.46	.106	802.96	3.55
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6	33	3,518.97	106.64	.146	586.50	15.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	282	503.09	1.78	1.248	22.87	2.23
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	85	695	\$ 16,163.16	\$ 23.26	3.075	\$ 190.15	\$ 71.52

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,725
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37	

267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	285	2,312	\$ 584,586.64	\$ 252.85	8.659	\$ 2051.18	\$ 2189.46
@PHYSICIANS SERVICES	130	588	\$ 29,647.54	\$ 50.42	2.202	\$ 228.06	\$ 111.04
OUTPATIENT VISITS	58	75	4,136.21	55.15	.281	71.31	15.49
OFFICE VISITS	19	26	925.95	35.61	.097	48.73	3.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	36	42	2,922.33	69.58	.157	81.18	10.95
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	186.79	93.40	.007	93.40	.70



OTHER OUTPATIENT	4	5	101.14	20.23	.019	25.29	.38
INPATIENT VISITS	31	185	9,074.99	49.05	.693	292.74	33.99
HOSPITAL VISITS	31	175	7,489.84	42.80	.655	241.61	28.05
CRITICAL CARE	3	10	1,585.15	158.52	.037	528.38	5.94
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	19	101	7,523.93	74.49	.378	396.00	28.18
PRINCIPAL SURGEON	16	24	5,506.07	229.42	.090	344.13	20.62
ASSISTANT SURGEON	1	1	185.78	185.78	.004	185.78	.70
ANESTHESIOLOGIST	6	76	1,832.08	24.11	.285	305.35	6.86
OUTPATIENT SURGERY	9	20	981.92	49.10	.075	109.10	3.68
PRINCIPAL SURGEON	7	9	715.95	79.55	.034	102.28	2.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	11	265.97	24.18	.041	132.99	1.00
DIALYSIS	1	6	339.60	56.60	.022	339.60	1.27
PATHOLOGY	5	8	234.64	29.33	.030	46.93	.88
RADIOLOGY	45	150	5,804.56	38.70	.562	128.99	21.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	12.93	6.47	.007	6.47	.05
OTHER SERVICES/ALL X-OVERS	24	41	1,538.76	37.53	.154	64.12	5.76
@PHARMACY	49	186	\$ 249,183.84	\$ 1339.70	.697	\$ 5085.38	\$ 933.27
PRESCRIPTION DRUGS	46	178	17,201.68	96.64	.667	373.95	64.43
SNF/ICF	13	104	4,472.28	43.00	.390	344.02	16.75
OUTPATIENTS	33	74	12,729.40	172.02	.277	385.74	47.68
MEDICAL SUPPLIES	6	8	231,982.16	28997.77	.030	38663.69	868.85
@DENTIST	42	197	\$ 9,037.13	\$ 45.87	.738	\$ 215.17	\$ 33.85
VISITS - DIAGNOSTIC	32	104	738.00	7.10	.390	23.06	2.76
ORAL SURGERY	9	27	748.55	27.72	.101	83.17	2.80
DRUGS	1	1	.00	.00	.004	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	7	13	3,657.00	281.31	.049	522.43	13.70
RESTORATIVE DENTISTRY	14	50	3,893.58	77.87	.187	278.11	14.58
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	.00	.00	.007	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,726  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	2	5	\$ 123.23	\$ 24.65	.019	\$ 61.62	\$ .46
DIAGNOSTIC AND ANC. PROCED	2	2	80.38	40.19	.007	40.19	.30
EYE APPLIANCES	1	3	42.85	14.28	.011	42.85	.16
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	5	\$ 42.48	\$ 8.50	.019	\$ 8.50	\$ .16



MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	5	5		42.48	8.50	.019	8.50	.16
@HOME HEALTH AGENCY	4	15	\$	1,033.44	\$ 68.90	.056	\$ 258.36	\$ 3.87
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	109	704	\$	252,914.74	\$ 359.25	2.637	\$ 2320.32	\$ 947.25
HOSP INPATIENT TOTAL	36	174		226,358.38	1300.91	.652	6287.73	847.78
HSC HOSPITALS	21	107		113,690.20	1062.53	.401	5413.82	425.81
NON-HSC HOSPITAL TOTAL	16	67		112,668.18	1681.61	.251	7041.76	421.98
ACCOMMODATIONS	16	67		43,717.83	652.50	.251	2732.36	163.74
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	67		43,717.83	652.50	.251	2732.36	163.74
ANCILLARIES	16	0		68,950.35	.00	.000	4309.40	258.24
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	82	530		26,556.36	50.11	1.985	323.86	99.46
MEDICAL	17	27		1,850.27	68.53	.101	108.84	6.93
SURGERY	7	8		171.06	21.38	.030	24.44	.64
PATHOLOGY	39	182		1,486.26	8.17	.682	38.11	5.57
RADIOLOGY	31	59		6,178.89	104.73	.221	199.32	23.14
ROOM USE	56	67		1,710.48	25.53	.251	30.54	6.41
CROSSOVERS/ALL OTH OUTPTNT	47	187		15,159.40	81.07	.700	322.54	56.78
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,727  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	109	704	\$	252,914.74	\$ 359.25	2.637	\$ 2320.32	\$ 947.25
COMM HOSP INPATIENT TOTAL	36	174		226,358.38	1300.91	.652	6287.73	847.78
HSC HOSPITALS	21	107		113,690.20	1062.53	.401	5413.82	425.81
NON-HSC HOSPITALS TOTAL	16	67		112,668.18	1681.61	.251	7041.76	421.98
ACCOMMODATIONS	16	67		43,717.83	652.50	.251	2732.36	163.74



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	67	43,717.83	652.50	.251	2732.36	163.74
ANCILLARIES	16	0	68,950.35	.00	.000	4309.40	258.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	82	530	26,556.36	50.11	1.985	323.86	99.46
MEDICAL	17	27	1,850.27	68.53	.101	108.84	6.93
SURGERY	7	8	171.06	21.38	.030	24.44	.64
PATHOLOGY	39	182	1,486.26	8.17	.682	38.11	5.57
RADIOLOGY	31	59	6,178.89	104.73	.221	199.32	23.14
ROOM USE	56	67	1,710.48	25.53	.251	30.54	6.41
CROSSOVERS/ALL OTH OUTPTNT	47	187	15,159.40	81.07	.700	322.54	56.78
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	335	32,720.00	97.67	1.255	3272.00	122.55
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	335	32,720.00	97.67	1.255	3272.00	122.55
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	46	650.77	14.15	.172	54.23	2.44
PATHOLOGY	12	46	650.77	14.15	.172	54.23	2.44
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	11	17	3,121.89	183.64	.064	283.81	11.69
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	11	17	3,121.89	183.64	.064	283.81	11.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,728
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37						

		----- MONTHLY AVERAGE -----					
267 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	214	\$ 6,111.58	\$ 28.56	.801	\$ 381.97	\$ 22.89
DURABLE MED. EQUIP.	1	2	92.32	46.16	.007	92.32	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	205	5,975.38	29.15	.768	497.95	22.38
AMBULANCES/AIR TRANS	9	128	2,209.22	17.26	.479	245.47	8.27
OTHER TRANS	3	75	166.16	2.22	.281	55.39	.62
OTHER SERVICES	2	2	3,600.00	1800.00	.007	1800.00	13.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	38.54	9.64	.015	19.27	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	.14	.07	.007	.14	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	5.20	5.20	.004	5.20	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	174	\$ 253,384.69	\$ 1456.23	.652	\$ 31673.09	\$ 949.01
@XOVER EXCLUDING STATE HOSP**	8	9	\$ 73.00	\$ 8.11	.034	\$ 9.13	\$ .27

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,729
MOPO24	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL	

705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,064	15,131	\$ 1,474,198.67	\$ 97.43	21.462	\$ 1385.53	\$ 2091.06
@PHYSICIANS SERVICES	311	1,917	\$ 73,633.72	\$ 38.41	2.719	\$ 236.76	\$ 104.44
OUTPATIENT VISITS	119	180	8,106.76	45.04	.255	68.12	11.50
OFFICE VISITS	58	92	2,426.17	26.37	.130	41.83	3.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	59	75	5,251.78	70.02	.106	89.01	7.45
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	2	186.79	93.40	.003	93.40	.26
OTHER OUTPATIENT	10	11	242.02	22.00	.016	24.20	.34
INPATIENT VISITS	56	332	15,744.18	47.42	.471	281.15	22.33
HOSPITAL VISITS	56	318	13,647.43	42.92	.451	243.70	19.36
CRITICAL CARE	5	14	2,071.55	147.97	.020	414.31	2.94
SNF/ICF/TRANS IP CARE	1	0	25.20	.00	.000	25.20	.04
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.001	46.44	.07
EXAMINATIONS	1	1	46.44	46.44	.001	46.44	.07
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	31	164	13,748.98	83.84	.233	443.52	19.50
PRINCIPAL SURGEON	24	37	9,843.54	266.04	.052	410.15	13.96
ASSISTANT SURGEON	3	3	744.23	248.08	.004	248.08	1.06
ANESTHESIOLOGIST	10	124	3,161.21	25.49	.176	316.12	4.48
OUTPATIENT SURGERY	18	36	3,370.87	93.64	.051	187.27	4.78
PRINCIPAL SURGEON	14	17	2,878.92	169.35	.024	205.64	4.08
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	19	491.95	25.89	.027	122.99	.70
DIALYSIS	1	6	339.60	56.60	.009	339.60	.48
PATHOLOGY	8	22	397.54	18.07	.031	49.69	.56



RADIOLOGY	99	284		10,032.51	35.33	.403	101.34	14.23	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	11	387		14,490.02	37.44	.549	1317.27	20.55	
OTHER SERVICES/ALL X-OVERS	122	505		7,356.82	14.57	.716	60.30	10.44	
@PHARMACY	484	6,114	\$	576,951.84	\$ 94.37	8.672	\$ 1192.05	\$ 818.37	
PRESCRIPTION DRUGS	468	2,753		340,494.44	123.68	3.905	727.55	482.97	
SNF/ICF	96	681		32,338.30	47.49	.966	336.86	45.87	
OUTPATIENTS	383	2,072		308,156.14	148.72	2.939	804.59	437.10	
MEDICAL SUPPLIES	49	3,361		236,457.40	70.35	4.767	4825.66	335.40	
@DENTIST	97	383	\$	14,305.13	\$ 37.35	.543	\$ 147.48	\$ 20.29	
VISITS - DIAGNOSTIC	72	209		1,905.00	9.11	.296	26.46	2.70	
ORAL SURGERY	16	42		838.55	19.97	.060	52.41	1.19	
DRUGS	2	2		.00	.00	.003	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	10	16		3,917.00	244.81	.023	391.70	5.56	
RESTORATIVE DENTISTRY	23	83		5,029.58	60.60	.118	218.68	7.13	
PROSTHETICS	1	1		30.00	30.00	.001	30.00	.04	
DENTURES, STAYPLATES	12	33		2,585.00	78.33	.047	215.42	3.67	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	3CR		.00	.00	.004CR	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,730
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL								

	705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	23	\$	492.43	\$ 21.41	.033	\$ 49.24	\$ .70
DIAGNOSTIC AND ANC. PROCED	3	3		127.83	42.61	.004	42.61	.18



EYE APPLIANCES	8	20		317.15	15.86	.028	39.64	.45
OTHER OPTOMETRIC SERVICES	1	0		47.45	.00	.000	47.45	.07
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	7	9	\$	65.16	7.24	.013	9.31	.09
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	7	9		65.16	7.24	.013	9.31	.09
@HOME HEALTH AGENCY	8	32	\$	2,264.63	70.77	.045	283.08	3.21
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	1	6	\$	108.24	18.04	.009	108.24	.15
@TOTAL HOSPITAL	228	1,828	\$	498,731.69	272.83	2.593	2187.42	707.42
HOSP INPATIENT TOTAL	68	362		453,271.46	1252.13	.513	6665.76	642.94
HSC HOSPITALS	34	198		215,118.19	1086.46	.281	6327.01	305.13
NON-HSC HOSPITAL TOTAL	23	164		226,907.96	1383.59	.233	9865.56	321.86
ACCOMMODATIONS	23	164		91,443.32	557.58	.233	3975.80	129.71
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	164		91,443.32	557.58	.233	3975.80	129.71
ANCILLARIES	23	0		135,464.64	.00	.000	5889.77	192.15
INPATIENT CROSSOVERS	16	0		11,245.31	.00	.000	702.83	15.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	175	1,466		45,460.23	31.01	2.079	259.77	64.48
MEDICAL	35	57		2,976.01	52.21	.081	85.03	4.22
SURGERY	18	20		421.94	21.10	.028	23.44	.60
PATHOLOGY	73	447		3,714.62	8.31	.634	50.89	5.27
RADIOLOGY	61	110		11,450.73	104.10	.156	187.72	16.24
ROOM USE	96	113		3,492.31	30.91	.160	36.38	4.95
CROSSOVERS/ALL OTH OUTPTNT	116	719		23,404.62	32.55	1.020	201.76	33.20
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,731  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

705 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	228	1,828	\$	498,731.69	\$ 272.83	2.593	\$ 2187.42	\$ 707.42
COMM HOSP INPATIENT TOTAL	68	362		453,271.46	1252.13	.513	6665.76	642.94
HSC HOSPITALS	34	198		215,118.19	1086.46	.281	6327.01	305.13
NON-HSC HOSPITALS TOTAL	23	164		226,907.96	1383.59	.233	9865.56	321.86
ACCOMMODATIONS	23	164		91,443.32	557.58	.233	3975.80	129.71
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	164		91,443.32	557.58	.233	3975.80	129.71
ANCILLARIES	23	0		135,464.64	.00	.000	5889.77	192.15
INPATIENT CROSSOVERS	16	0		11,245.31	.00	.000	702.83	15.95
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	175	1,466		45,460.23	31.01	2.079	259.77	64.48
MEDICAL	35	57		2,976.01	52.21	.081	85.03	4.22
SURGERY	18	20		421.94	21.10	.028	23.44	.60
PATHOLOGY	73	447		3,714.62	8.31	.634	50.89	5.27
RADIOLOGY	61	110		11,450.73	104.10	.156	187.72	16.24
ROOM USE	96	113		3,492.31	30.91	.160	36.38	4.95
CROSSOVERS/ALL OTH OUTPTNT	116	719		23,404.62	32.55	1.020	201.76	33.20
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	91	2,669	\$	235,888.06	\$ 88.38	3.786	\$ 2592.18	\$ 334.59
LEV A-INTERMEDIATE	1	53		4,201.43	79.27	.075	4201.43	5.96
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	90	2,616		231,686.63	88.57	3.711	2574.30	328.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	124	\$	1,157.22	\$ 9.33	.176	\$ 231.44	\$ 1.64
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	124		1,157.22	9.33	.176	231.44	1.64
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	29	116	\$	1,281.62	\$ 11.05	.165	\$ 44.19	\$ 1.82
PATHOLOGY	27	113		1,263.34	11.18	.160	46.79	1.79
XO AND OTHERS	2	3		18.28	6.09	.004	9.14	.03
@ORGANIZED OUTPATIENT CLINIC	30	53	\$	7,741.14	\$ 146.06	.075	\$ 258.04	\$ 10.98
CLINIC	3	4		188.90	47.23	.006	62.97	.27
SURGICENTER	2	9		665.21	73.91	.013	332.61	.94
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	40		6,887.03	172.18	.057	275.48	9.77

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

705 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	124	1,857	\$ 61,577.79	\$ 33.16	2.634	\$ 496.60	\$ 87.34
DURABLE MED. EQUIP.	7	94	3,645.62	38.78	.133	520.80	5.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00



HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	36	473	8,257.75	17.46	.671	229.38	11.71
AMBULANCES/AIR TRANS	21	173	3,805.84	22.00	.245	181.23	5.40
OTHER TRANS	13	276	795.81	2.88	.391	61.22	1.13
OTHER SERVICES	7	24	3,656.10	152.34	.034	522.30	5.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	22	256	17,255.84	67.41	.363	784.36	24.48
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	20	189	14,606.20	77.28	.268	730.31	20.72
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	35	374.61	10.70	.050	28.82	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4	1.38	.35	.006	.46	.00
PROSTHETIST/ORTHOTISTS	1	24	802.96	33.46	.034	802.96	1.14
PROSTHETICS	1	24	802.96	33.46	.034	802.96	1.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	7.07	7.07	.001	7.07	.01
SPEECH AND AUDIOLOGY	3	3	1,160.36	386.79	.004	386.79	1.65
HOSPICE SERVICES	8	132	14,767.35	111.87	.187	1845.92	20.95
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	5.20	5.20	.001	5.20	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	645	693.45	1.08	.915	26.67	.98
@CALIF. CHILDREN SERVICES*	8	174	\$ 253,384.69	\$ 1456.23	.247	\$ 31673.09	\$ 359.41
@XOVER EXCLUDING STATE HOSP**	161	937	\$ 27,659.86	\$ 29.52	1.329	\$ 171.80	\$ 39.23

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,733
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED	AID CODE 13

	7,258 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,763	274,273	\$	21,355,612.39	\$ 77.86	37.789	\$ 2750.95	\$ 2942.35
@PHYSICIANS SERVICES	614	1,009	\$	14,095.04	\$ 13.97	.139	\$ 22.96	\$ 1.94
OUTPATIENT VISITS	5	5		58.30	11.66	.001	11.66	.01
OFFICE VISITS	5	5		58.30	11.66	.001	11.66	.01
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	16	18		396.50	22.03	.002	24.78	.05
HOSPITAL VISITS	4	4		27.50	6.88	.001	6.88	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	14		369.00	26.36	.002	30.75	.05
OPHTHALMOLOGICAL SERVICES	1	1		20.00	20.00	.000	20.00	.00
EXAMINATIONS	1	1		20.00	20.00	.000	20.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	1	1		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00



OUTPATIENT SURGERY	1	1		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	1	1		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		.00	.00	.000	.00	.00
RADIOLOGY	4	4		256.77	64.19	.001	64.19	.04
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	588	978		13,363.47	13.66	.135	22.73	1.84
@PHARMACY	6,036	51,978	\$	1,828,031.79	\$ 35.17	7.161	\$ 302.85	\$ 251.86
PRESCRIPTION DRUGS	5,993	36,506		1,780,659.90	48.78	5.030	297.12	245.34
SNF/ICF	5,585	34,375		1,705,188.00	49.61	4.736	305.32	234.94
OUTPATIENTS	506	2,131		75,471.90	35.42	.294	149.15	10.40
MEDICAL SUPPLIES	441	15,472		47,371.89	3.06	2.132	107.42	6.53
@DENTIST	387	790	\$	53,903.75	\$ 68.23	.109	\$ 139.29	\$ 7.43
VISITS - DIAGNOSTIC	339	533		14,162.75	26.57	.073	41.78	1.95
ORAL SURGERY	53	89		3,670.00	41.24	.012	69.25	.51
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	7	7		1,400.00	200.00	.001	200.00	.19
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	9		437.00	48.56	.001	87.40	.06
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	61	149		34,234.00	229.76	.021	561.21	4.72
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024 FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED								
AID CODE 13								
----- MONTHLY AVERAGE -----								
7,258 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	127	297	\$ 5,773.95	\$ 19.44	.041	\$ 45.46	\$ .80	
DIAGNOSTIC AND ANC. PROCED	26	27	415.41	15.39	.004	15.98	.06	
EYE APPLIANCES	82	241	4,140.12	17.18	.033	50.49	.57	
OTHER OPTOMETRIC SERVICES	20	29	1,218.42	42.01	.004	60.92	.17	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	761	820	\$ 6,573.60	\$ 8.02	.113	\$ 8.64	\$ .91	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	761	820	6,573.60	8.02	.113	8.64	.91	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@TOTAL HOSPITAL	163	1,105	\$ 51,488.23	\$ 46.60	.152	\$ 315.88	\$ 7.09	
HOSP INPATIENT TOTAL	46	0	37,799.87	.00	.000	821.74	5.21	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	



NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	46	0	37,799.87	.00	.000	821.74	5.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	120	1,105	13,688.36	12.39	.152	114.07	1.89
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	172.23CR	.00	.000	.00	.02CR
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	120	1,105	13,860.59	12.54	.152	115.50	1.91
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00



7,258 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	163	1,105	\$ 51,488.23	\$ 46.60	.152	\$ 315.88	\$ 7.09
COMM HOSP INPATIENT TOTAL	46	0	37,799.87	.00	.000	821.74	5.21
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	46	0	37,799.87	.00	.000	821.74	5.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	120	1,105	13,688.36	12.39	.152	114.07	1.89
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	172.23CR	.00	.000	.00	.02CR
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	120	1,105	13,860.59	12.54	.152	115.50	1.91
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6,246	203,291	\$ 19,069,065.98	\$ 93.80	28.009	\$ 3053.00	\$ 2627.32
LEV A-INTERMEDIATE	39	1,192	65,514.73	54.96	.164	1679.86	9.03
LEV B-REHAB MD	16	492	49,403.60	100.41	.068	3087.73	6.81
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	366	192,185.90	525.10	.050	17471.45	26.48
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,180	201,241	18,761,961.75	93.23	27.727	3035.92	2585.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	22	34	\$ 18,319.36	\$ 538.80	.005	\$ 832.70	\$ 2.52
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	22	34	18,319.36	538.80	.005	832.70	2.52
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	25	\$ 106.81	\$ 4.27	.003	\$ 10.68	\$ .01
PATHOLOGY	1	4	29.05	7.26	.001	29.05	.00
XO AND OTHERS	9	21	77.76	3.70	.003	8.64	.01
@ORGANIZED OUTPATIENT CLINIC	30	56	\$ 6,534.17	\$ 116.68	.008	\$ 217.81	\$ .90
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	6	6	1,318.71	219.79	.001	219.79	.18
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	24	50	5,215.46	104.31	.007	217.31	.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,736
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED						AID CODE 13



7,258 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	852	14,868	\$ 301,719.71	\$ 20.29	2.048	\$ 354.13	\$ 41.57
DURABLE MED. EQUIP.	112	584	64,055.35	109.68	.080	571.92	8.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	2,807.19	467.87	.001	467.87	.39
MEDICAL TRANSPORTATION	418	11,871	44,709.44	3.77	1.636	106.96	6.16
AMBULANCES/AIR TRANS	13	80	1,239.42	15.49	.011	95.34	.17
OTHER TRANS	397	11,737	43,255.51	3.69	1.617	108.96	5.96
OTHER SERVICES	15	54	214.51	3.97	.007	14.30	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	69.58	69.58	.000	69.58	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	170	2,147.76	12.63	.023	27.89	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	117	194	149.59	.77	.027	1.28	.02
PROSTHETIST/ORTHOTISTS	1	2	12.92	6.46	.000	12.92	.00
PROSTHETICS	1	2	12.92	6.46	.000	12.92	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	5	46.73	9.35	.001	9.35	.01
SPEECH AND AUDIOLOGY	43	65	7,228.24	111.20	.009	168.10	1.00
HOSPICE SERVICES	56	1,602	177,536.40	110.82	.221	3170.29	24.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	368	2,956.51	8.03	.051	38.90	.41
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	1,885	17,871	\$ 288,378.51	\$ 16.14	2.462	\$ 152.99	\$ 39.73

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND

PAGE 9,737  
03/14/05

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	4,199	\$ 127,468.51	\$ 30.36	135.452	\$ 4721.06	\$ 4111.89
@PHYSICIANS SERVICES	3	4	\$ 66.68	\$ 16.67	.129	\$ 22.23	\$ 2.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00



EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4		66.68	16.67	.129	22.23	2.15
@PHARMACY	27	3,336	\$	14,660.56	\$ 4.39	107.613	\$ 542.98	\$ 472.92
PRESCRIPTION DRUGS	27	180		12,860.19	71.45	5.806	476.30	414.84
SNF/ICF	27	179		12,894.55	72.04	5.774	477.58	415.95
OUTPATIENTS	0	1		34.36CR	34.36CR	.032	.00	1.11CR
MEDICAL SUPPLIES	8	3,156		1,800.37	.57	101.806	225.05	58.08
@DENTIST	1	2	\$	75.00	\$ 37.50	.065	\$ 75.00	\$ 2.42
VISITS - DIAGNOSTIC	1	2		75.00	37.50	.065	75.00	2.42
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,738
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND							
	AID CODE 23							

	31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	\$ .00	\$ .00



NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	21	\$	339.66	\$	16.17	.677	\$	113.22	\$	10.96
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	21		339.66		16.17	.677		113.22		10.96
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	21		339.66		16.17	.677		113.22		10.96
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,739  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	21	\$ 339.66	\$ 16.17	.677	\$ 113.22	\$ 10.96
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00



COMM HOSP OUTPATIENT TOTAL	3	21		339.66		16.17	.677	113.22	10.96
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	21		339.66		16.17	.677	113.22	10.96
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	15	425	\$	41,504.49	\$	97.66	13.710	2766.97	1338.85
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	15	425		41,504.49		97.66	13.710	2766.97	1338.85
@INTERMEDIATE CARE FACIL.-DD	12	366	\$	69,336.33	\$	189.44	11.806	5778.03	2236.66
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	366		69,336.33		189.44	11.806	5778.03	2236.66
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	.00
CLINIC	0	0		.00		.00	.000	.00	.00



SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,740  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

31 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	45	\$ 1,485.79	\$ 33.02	1.452	\$ 135.07	\$ 47.93
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	10	71.42	7.14	.323	71.42	2.30
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	10	71.42	7.14	.323	71.42	2.30
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	33	1,372.96	41.60	1.065	152.55	44.29
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	41.41	20.71	.065	41.41	1.34
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	8	27	\$ 1,262.19	\$ 46.75	.871	\$ 157.77	\$ 40.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,741
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED	AID CODE 63

862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	883	85,605	\$ 3,952,815.53	\$ 46.18	99.310	\$ 4476.57	\$ 4585.63
@PHYSICIANS SERVICES	164	399	\$ 7,627.72	\$ 19.12	.463	\$ 46.51	\$ 8.85
OUTPATIENT VISITS	8	7	300.70	42.96	.008	37.59	.35
OFFICE VISITS	3	3	142.90	47.63	.003	47.63	.17
HOME VISITS	5	2	68.60	34.30	.002	13.72	.08
EMERGENCY ROOM	2	2	89.20	44.60	.002	44.60	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00



OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	42	90		2,894.30	32.16	.104	68.91	3.36
HOSPITAL VISITS	4	39		1,398.60	35.86	.045	349.65	1.62
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	39	51		1,495.70	29.33	.059	38.35	1.74
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	5		206.59	41.32	.006	103.30	.24
PRINCIPAL SURGEON	1	1		59.20	59.20	.001	59.20	.07
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		147.39	36.85	.005	147.39	.17
OUTPATIENT SURGERY	8	34		893.46	26.28	.039	111.68	1.04
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	34		893.46	26.28	.039	111.68	1.04
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	1		6.92	6.92	.001	6.92	.01
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	109	262		3,325.75	12.69	.304	30.51	3.86
@PHARMACY	772	50,673	\$	448,477.52	\$ 8.85	58.785	\$ 580.93	\$ 520.28
PRESCRIPTION DRUGS	757	4,901		417,367.69	85.16	5.686	551.34	484.19
SNF/ICF	701	4,527		379,984.53	83.94	5.252	542.06	440.82
OUTPATIENTS	68	374		37,383.16	99.95	.434	549.75	43.37
MEDICAL SUPPLIES	157	45,772		31,109.83	.68	53.100	198.15	36.09
@DENTIST	40	166	\$	7,608.25	\$ 45.83	.193	\$ 190.21	\$ 8.83
VISITS - DIAGNOSTIC	38	134		2,256.25	16.84	.155	59.38	2.62
ORAL SURGERY	2	5		204.00	40.80	.006	102.00	.24
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	6	12		954.00	79.50	.014	159.00	1.11
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	3		184.00	61.33	.003	61.33	.21
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	12		4,010.00	334.17	.014	668.33	4.65
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,742
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63							

862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	12	20	\$ 413.57	\$ 20.68	.023	\$ 34.46	\$ .48	
DIAGNOSTIC AND ANC. PROCED	3	3	73.08	24.36	.003	24.36	.08	
EYE APPLIANCES	7	15	245.59	16.37	.017	35.08	.28	
OTHER OPTOMETRIC SERVICES	2	2	94.90	47.45	.002	47.45	.11	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	59	66	\$ 483.97	\$ 7.33	.077	\$ 8.20	\$ .56	



MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	59	66	483.97	7.33	.077	8.20	.56
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	48	260	\$ 59,267.96	\$ 227.95	.302	\$ 1234.75	\$ 68.76
HOSP INPATIENT TOTAL	12	47	55,757.40	1186.33	.055	4646.45	64.68
HSC HOSPITALS	4	32	36,911.21	1153.48	.037	9227.80	42.82
NON-HSC HOSPITAL TOTAL	2	15	7,240.94	482.73	.017	3620.47	8.40
ACCOMMODATIONS	2	15	3,411.54	227.44	.017	1705.77	3.96
ADMINISTRATIVE DAYS	1	6	1,329.84	221.64	.007	1329.84	1.54
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	2,081.70	231.30	.010	2081.70	2.41
ANCILLARIES	2	0	3,829.40	.00	.000	1914.70	4.44
INPATIENT CROSSOVERS	7	0	11,605.25	.00	.000	1657.89	13.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	213	3,510.56	16.48	.247	97.52	4.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	12	145.36	12.11	.014	20.77	.17
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	84.54	28.18	.003	28.18	.10
CROSSOVERS/ALL OTH OUTPTNT	26	198	3,280.66	16.57	.230	126.18	3.81
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,743  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

	862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	48	260	\$ 59,267.96	\$ 227.95	.302	\$ 1234.75	\$ 68.76	
COMM HOSP INPATIENT TOTAL	12	47	55,757.40	1186.33	.055	4646.45	64.68	
HSC HOSPITALS	4	32	36,911.21	1153.48	.037	9227.80	42.82	
NON-HSC HOSPITALS TOTAL	2	15	7,240.94	482.73	.017	3620.47	8.40	
ACCOMMODATIONS	2	15	3,411.54	227.44	.017	1705.77	3.96	



ADMINISTRATIVE DAYS	1	6		1,329.84	221.64	.007	1329.84	1.54
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9		2,081.70	231.30	.010	2081.70	2.41
ANCILLARIES	2	0		3,829.40	.00	.000	1914.70	4.44
INPATIENT CROSSOVERS	7	0		11,605.25	.00	.000	1657.89	13.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	213		3,510.56	16.48	.247	97.52	4.07
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	12		145.36	12.11	.014	20.77	.17
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	3		84.54	28.18	.003	28.18	.10
CROSSOVERS/ALL OTH OUTPTNT	26	198		3,280.66	16.57	.230	126.18	3.81
@STATE HOSPITAL	12	366	\$	191,328.28	\$ 522.75	.425	\$ 15944.02	\$ 221.96
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366		191,328.28	522.75	.425	15944.02	221.96
@NURSING FACILITY	441	14,618	\$	1,645,893.63	\$ 112.59	16.958	\$ 3732.19	\$ 1909.39
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	6	275		23,046.76	83.81	.319	3841.13	26.74
LEV B-SUBACUTE FREESTANDING	2	39		14,286.48	366.32	.045	7143.24	16.57
LEV B-SUBACUTE HSPTL BASED	9	336		180,073.50	535.93	.390	20008.17	208.90
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	424	13,968		1,428,486.89	102.27	16.204	3369.07	1657.18
@INTERMEDIATE CARE FACIL.-DD	276	8,418	\$	1,490,211.20	\$ 177.03	9.766	\$ 5399.32	\$ 1728.78
ICF DDH	96	2,928		444,605.20	151.85	3.397	4631.30	515.78
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	180	5,490		1,045,606.00	190.46	6.369	5808.92	1213.00
@HEMODIALYSIS TOTAL	16	20	\$	8,274.95	\$ 413.75	.023	\$ 517.18	\$ 9.60
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	16	20		8,274.95	413.75	.023	517.18	9.60
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	62	\$	631.67	\$ 10.19	.072	\$ 30.08	\$ .73
PATHOLOGY	21	62		631.67	10.19	.072	30.08	.73
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	31	67	\$	4,199.63	\$ 62.68	.078	\$ 135.47	\$ 4.87
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	16	48		1,643.08	34.23	.056	102.69	1.91
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	15	19		2,556.55	134.56	.022	170.44	2.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,744
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63							

----- MONTHLY AVERAGE -----								
862 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	337	10,470	\$ 88,397.18	\$ 8.44	12.146	\$ 262.31	\$ 102.55	
DURABLE MED. EQUIP.	16	126	7,127.59	56.57	.146	445.47	8.27	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	47	8,633	19,342.97	2.24	10.015	411.55	22.44	
AMBULANCES/AIR TRANS	4	34	507.46	14.93	.039	126.87	.59	
OTHER TRANS	44	8,596	18,807.29	2.19	9.972	427.44	21.82	
OTHER SERVICES	2	3	28.22	9.41	.003	14.11	.03	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	28	113.17	4.04	.032	113.17	.13
OPTICIAN	6	15	137.69	9.18	.017	22.95	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	6	11	5.42	.49	.013	.90	.01
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2	.66	.33	.002	.33	.00
SPEECH AND AUDIOLOGY	249	1,030	39,846.86	38.69	1.195	160.03	46.23
HOSPICE SERVICES	7	153	17,383.86	113.62	.177	2483.41	20.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	41	472	4,438.96	9.40	.548	108.27	5.15
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	266	6,479	\$ 49,469.70	\$ 7.64	7.516	\$ 185.98	\$ 57.39

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00



EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

00 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS

COST PER

COST PER

----- MONTHLY AVERAGE -----



		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSTOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000 \$	.00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						
MOP024	FEE-FOR-SERVICE/DENTAL						
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00



HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
PLACER COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

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	8,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	8,151	8,673	364,077	\$ 25,435,896.43	\$ 69.86	44.667	\$ 2932.77	\$ 3120.59
@PHYSICIANS SERVICES		781	1,412	\$ 21,789.44	\$ 15.43	.173	\$ 27.90	\$ 2.67
OUTPATIENT VISITS		13	12	359.00	29.92	.001	27.62	.04
OFFICE VISITS		8	8	201.20	25.15	.001	25.15	.02
HOME VISITS		5	2	68.60	34.30	.000	13.72	.01
EMERGENCY ROOM		2	2	89.20	44.60	.000	44.60	.01
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT		0	0	.00	.00	.000	.00	.00
INPATIENT VISITS		58	108	3,290.80	30.47	.013	56.74	.40
HOSPITAL VISITS		8	43	1,426.10	33.17	.005	178.26	.17
CRITICAL CARE		0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE		51	65	1,864.70	28.69	.008	36.56	.23
OPHTHALMOLOGICAL SERVICES		1	1	20.00	20.00	.000	20.00	.00
EXAMINATIONS		1	1	20.00	20.00	.000	20.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		3	6	206.59	34.43	.001	68.86	.03
PRINCIPAL SURGEON		2	2	59.20	29.60	.000	29.60	.01
ASSISTANT SURGEON		0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST		1	4	147.39	36.85	.000	147.39	.02



OUTPATIENT SURGERY	9	35		893.46	25.53	.004	99.27	.11
PRINCIPAL SURGEON	1	1		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	34		893.46	26.28	.004	111.68	.11
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		.00	.00	.000	.00	.00
RADIOLOGY	5	5		263.69	52.74	.001	52.74	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	700	1,244		16,755.90	13.47	.153	23.94	2.06
@PHARMACY	6,835	105,987	\$	2,291,169.87	\$ 21.62	13.003	\$ 335.21	\$ 281.09
PRESCRIPTION DRUGS	6,777	41,587		2,210,887.78	53.16	5.102	326.23	271.24
SNF/ICF	6,313	39,081		2,098,067.08	53.69	4.795	332.34	257.40
OUTPATIENTS	574	2,506		112,820.70	45.02	.307	196.55	13.84
MEDICAL SUPPLIES	606	64,400		80,282.09	1.25	7.901	132.48	9.85
@DENTIST	428	958	\$	61,587.00	\$ 64.29	.118	\$ 143.89	\$ 7.56
VISITS - DIAGNOSTIC	378	669		16,494.00	24.65	.082	43.63	2.02
ORAL SURGERY	55	94		3,874.00	41.21	.012	70.44	.48
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	13	19		2,354.00	123.89	.002	181.08	.29
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	8	12		621.00	51.75	.001	77.63	.08
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	67	161		38,244.00	237.54	.020	570.81	4.69
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.000	.00	.00

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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## PLACER COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

8,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	139	317	\$ 6,187.52	\$ 19.52	.039	\$	44.51	\$ .76
DIAGNOSTIC AND ANC. PROCED	29	30	488.49	16.28	.004		16.84	.06
EYE APPLIANCES	89	256	4,385.71	17.13	.031		49.28	.54
OTHER OPTOMETRIC SERVICES	22	31	1,313.32	42.37	.004		59.70	.16
@CHIROPRACTOR	0	0	.00	\$ .00	.000	\$	.00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	820	886	\$ 7,057.57	\$ 7.97	.109	\$	8.61	\$ .87
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	820	886	7,057.57	7.97	.109		8.61	.87
@HOME HEALTH AGENCY	0	0	.00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	.00	\$ .00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	.00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	214	1,386	\$ 111,095.85	\$ 80.16	.170	\$	519.14	\$ 13.63
HOSP INPATIENT TOTAL	58	47	93,557.27	1990.58	.006		1613.06	11.48
HSC HOSPITALS	4	32	36,911.21	1153.48	.004		9227.80	4.53
NON-HSC HOSPITAL TOTAL	2	15	7,240.94	482.73	.002		3620.47	.89
ACCOMMODATIONS	2	15	3,411.54	227.44	.002		1705.77	.42
ADMINISTRATIVE DAYS	1	6	1,329.84	221.64	.001		1329.84	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	9	2,081.70	231.30	.001		2081.70	.26
ANCILLARIES	2	0	3,829.40	.00	.000		1914.70	.47
INPATIENT CROSSOVERS	53	0	49,405.12	.00	.000		932.17	6.06
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	159	1,339	17,538.58	13.10	.164		110.31	2.15
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	7	12	145.36	12.11	.001		20.77	.02
RADIOLOGY	0	0	172.23CR	.00	.000		.00	.02CR
ROOM USE	3	3	84.54	28.18	.000		28.18	.01
CROSSOVERS/ALL OTH OUTPTNT	149	1,324	17,480.91	13.20	.162		117.32	2.14
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00



8,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	214	1,386	\$ 111,095.85	\$ 80.16	.170	\$ 519.14	\$ 13.63
COMM HOSP INPATIENT TOTAL	58	47	93,557.27	1990.58	.006	1613.06	11.48
HSC HOSPITALS	4	32	36,911.21	1153.48	.004	9227.80	4.53
NON-HSC HOSPITALS TOTAL	2	15	7,240.94	482.73	.002	3620.47	.89
ACCOMMODATIONS	2	15	3,411.54	227.44	.002	1705.77	.42
ADMINISTRATIVE DAYS	1	6	1,329.84	221.64	.001	1329.84	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	2,081.70	231.30	.001	2081.70	.26
ANCILLARIES	2	0	3,829.40	.00	.000	1914.70	.47
INPATIENT CROSSOVERS	53	0	49,405.12	.00	.000	932.17	6.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	159	1,339	17,538.58	13.10	.164	110.31	2.15
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	12	145.36	12.11	.001	20.77	.02
RADIOLOGY	0	0	172.23CR	.00	.000	.00	.02CR
ROOM USE	3	3	84.54	28.18	.000	28.18	.01
CROSSOVERS/ALL OTH OUTPTNT	149	1,324	17,480.91	13.20	.162	117.32	2.14
@STATE HOSPITAL	12	366	\$ 191,328.28	\$ 522.75	.045	\$ 15944.02	\$ 23.47
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	191,328.28	522.75	.045	15944.02	23.47
@NURSING FACILITY	6,702	218,334	\$ 20,756,464.10	\$ 95.07	26.786	\$ 3097.06	\$ 2546.49
LEV A-INTERMEDIATE	39	1,192	65,514.73	54.96	.146	1679.86	8.04
LEV B-REHAB MD	22	767	72,450.36	94.46	.094	3293.20	8.89
LEV B-SUBACUTE FREESTANDING	2	39	14,286.48	366.32	.005	7143.24	1.75
LEV B-SUBACUTE HSPTL BASED	20	702	372,259.40	530.28	.086	18612.97	45.67
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,619	215,634	20,231,953.13	93.83	26.455	3056.65	2482.14
@INTERMEDIATE CARE FACIL.-DD	288	8,784	\$ 1,559,547.53	\$ 177.54	1.078	\$ 5415.10	\$ 191.33
ICF DDH	96	2,928	444,605.20	151.85	.359	4631.30	54.55
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	192	5,856	1,114,942.33	190.39	.718	5806.99	136.79
@HEMODIALYSIS TOTAL	38	54	\$ 26,594.31	\$ 492.49	.007	\$ 699.85	\$ 3.26
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	38	54	26,594.31	492.49	.007	699.85	3.26
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	31	87	\$ 738.48	\$ 8.49	.011	\$ 23.82	\$ .09
PATHOLOGY	22	66	660.72	10.01	.008	30.03	.08
XO AND OTHERS	9	21	77.76	3.70	.003	8.64	.01
@ORGANIZED OUTPATIENT CLINIC	61	123	\$ 10,733.80	\$ 87.27	.015	\$ 175.96	\$ 1.32
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	22	54	2,961.79	54.85	.007	134.63	.36
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	39	69	7,772.01	112.64	.008	199.28	.95

#CALIF DEPT OF HEALTH SERV  
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PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

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8,151 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,200	25,383	\$ 391,602.68	\$ 15.43	3.114	\$ 326.34	\$ 48.04
DURABLE MED. EQUIP.	128	710	71,182.94	100.26	.087	556.12	8.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	2,807.19	467.87	.001	467.87	.34
MEDICAL TRANSPORTATION	466	20,514	64,123.83	3.13	2.517	137.60	7.87
AMBULANCES/AIR TRANS	17	114	1,746.88	15.32	.014	102.76	.21
OTHER TRANS	442	20,343	62,134.22	3.05	2.496	140.58	7.62
OTHER SERVICES	17	57	242.73	4.26	.007	14.28	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	69.58	69.58	.000	69.58	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	28	113.17	4.04	.003	113.17	.01
OPTICIAN	83	185	2,285.45	12.35	.023	27.54	.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	123	205	155.01	.76	.025	1.26	.02
PROSTHETIST/ORTHOTISTS	1	2	12.92	6.46	.000	12.92	.00
PROSTHETICS	1	2	12.92	6.46	.000	12.92	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	7	47.39	6.77	.001	6.77	.01
SPEECH AND AUDIOLOGY	301	1,128	48,448.06	42.95	.138	160.96	5.94
HOSPICE SERVICES	63	1,755	194,920.26	111.07	.215	3093.97	23.91
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	118	842	7,436.88	8.83	.103	63.02	.91
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	2,159	24,377	\$ 339,110.40	\$ 13.91	2.991	\$ 157.07	\$ 41.60

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
PLACER COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

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14,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,166	370,749	\$ 24,015,538.91	\$ 64.78	25.691	\$ 1824.06	\$ 1664.16
@PHYSICIANS SERVICES	1,530	3,802	\$ 113,387.22	\$ 29.82	.263	\$ 74.11	\$ 7.86
OUTPATIENT VISITS	337	441	15,717.54	35.64	.031	46.64	1.09
OFFICE VISITS	285	365	11,809.24	32.35	.025	41.44	.82
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	31	37	2,908.39	78.61	.003	93.82	.20
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	36	39	999.91	25.64	.003	27.78	.07
INPATIENT VISITS	53	119	4,904.93	41.22	.008	92.55	.34
HOSPITAL VISITS	34	94	3,939.63	41.91	.007	115.87	.27
CRITICAL CARE	1	2	243.20	121.60	.000	243.20	.02
SNF/ICF/TRANS IP CARE	19	23	722.10	31.40	.002	38.01	.05
OPHTHALMOLOGICAL SERVICES	49	70	2,731.82	39.03	.005	55.75	.19



EXAMINATIONS	47	66	2,613.30	39.60	.005	55.60	.18
SERVICES AND MATERIALS	4	4	118.52	29.63	.000	29.63	.01
INPATIENT HOSPITAL SURGERY	14	49	5,634.89	115.00	.003	402.49	.39
PRINCIPAL SURGEON	11	12	4,629.09	385.76	.001	420.83	.32
ASSISTANT SURGEON	1	1	110.57	110.57	.000	110.57	.01
ANESTHESIOLOGIST	3	36	895.23	24.87	.002	298.41	.06
OUTPATIENT SURGERY	54	102	17,302.19	169.63	.007	320.41	1.20
PRINCIPAL SURGEON	47	58	15,963.14	275.23	.004	339.64	1.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	44	1,339.05	30.43	.003	133.91	.09
DIALYSIS	14	37	5,617.02	151.81	.003	401.22	.39
PATHOLOGY	30	41	803.72	19.60	.003	26.79	.06
RADIOLOGY	163	359	20,209.74	56.29	.025	123.99	1.40
PSYCHIATRY	4	5	164.90	32.98	.000	41.23	.01
IMMUNIZATION AND INJECTION	26	319	930.38	2.92	.022	35.78	.06
OTHER SERVICES/ALL X-OVERS	1,104	2,260	39,370.09	17.42	.157	35.66	2.73
@PHARMACY	10,563	113,646	\$ 2,975,532.31	\$ 26.18	7.875	\$ 281.69	\$ 206.19
PRESCRIPTION DRUGS	10,427	54,555	2,904,517.06	53.24	3.780	278.56	201.27
SNF/ICF	5,802	35,691	1,768,124.63	49.54	2.473	304.74	122.52
OUTPATIENTS	4,743	18,864	1,136,392.43	60.24	1.307	239.59	78.75
MEDICAL SUPPLIES	754	59,091	71,015.25	1.20	4.095	94.18	4.92
@DENTIST	724	2,062	\$ 109,616.01	\$ 53.16	.143	\$ 151.40	\$ 7.60
VISITS - DIAGNOSTIC	561	1,340	24,507.01	18.29	.093	43.68	1.70
ORAL SURGERY	108	257	11,142.00	43.35	.018	103.17	.77
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	16	16	2,237.00	139.81	.001	139.81	.16
ENDODONTICS	13	14	2,585.00	184.64	.001	198.85	.18
RESTORATIVE DENTISTRY	56	114	7,805.00	68.46	.008	139.38	.54
PROSTHETICS	4	5	120.00	24.00	.000	30.00	.01
DENTURES, STAYPLATES	123	312	61,220.00	196.22	.022	497.72	4.24
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	4	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,754
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	14,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	238	600	\$	13,080.00	\$ 21.80	.042	\$ 54.96	\$ .91
DIAGNOSTIC AND ANC. PROCED	65	68		2,190.14	32.21	.005	33.69	.15
EYE APPLIANCES	161	469		8,354.01	17.81	.032	51.89	.58
OTHER OPTOMETRIC SERVICES	45	63		2,535.85	40.25	.004	56.35	.18
@CHIROPRACTOR	1	2	\$	33.44	\$ 16.72	.000	\$ 33.44	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	2		33.44	16.72	.000	33.44	.00
@PODIATRIST	794	864	\$	6,902.19	\$ 7.99	.060	\$ 8.69	\$ .48
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	794	864		6,902.19	7.99	.060	8.69	.48
@HOME HEALTH AGENCY	10	72	\$	5,116.38	\$ 71.06	.005	\$ 511.64	\$ .35
NURSE ANESTHESIST	2	9	\$	99.56	\$ 11.06	.001	\$ 49.78	\$ .01



NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	4	\$	73.62	\$	18.41	.000	\$	36.81	\$	.01
@TOTAL HOSPITAL	563	4,666	\$	264,386.34	\$	56.66	.323	\$	469.60	\$	18.32
HOSP INPATIENT TOTAL	106	93		185,380.55		1993.34	.006		1748.87		12.85
HSC HOSPITALS	15	65		73,620.99		1132.63	.005		4908.07		5.10
NON-HSC HOSPITAL TOTAL	6	28		44,332.84		1583.32	.002		7388.81		3.07
ACCOMMODATIONS	6	28		18,667.70		666.70	.002		3111.28		1.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	28		18,667.70		666.70	.002		3111.28		1.29
ANCILLARIES	6	0		25,665.14		.00	.000		4277.52		1.78
INPATIENT CROSSOVERS	86	0		67,426.72		.00	.000		784.03		4.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	474	4,573		79,005.79		17.28	.317		166.68		5.47
MEDICAL	43	83		4,103.04		49.43	.006		95.42		.28
SURGERY	13	17		1,459.93		85.88	.001		112.30		.10
PATHOLOGY	99	659		4,697.22		7.13	.046		47.45		.33
RADIOLOGY	49	159		14,107.40		88.73	.011		287.91		.98
ROOM USE	93	135		5,074.33		37.59	.009		54.56		.35
CROSSOVERS/ALL OTH OUTPTNT	338	3,520		49,563.87		14.08	.244		146.64		3.43
@COUNTY HOSPITAL TOTAL	1	2	\$	51.77	\$	25.89	.000	\$	51.77	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00



CO HOSP OUTPATIENT TOTAL	1	2	51.77	25.89	.000	51.77	.00
MEDICAL	1	1	14.89	14.89	.000	14.89	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.88	36.88	.000	36.88	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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		----- MONTHLY AVERAGE -----						
14,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	562	4,664	\$ 264,334.57	\$ 56.68	.323	\$ 470.35	\$ 18.32	
COMM HOSP INPATIENT TOTAL	106	93	185,380.55	1993.34	.006	1748.87	12.85	
HSC HOSPITALS	15	65	73,620.99	1132.63	.005	4908.07	5.10	
NON-HSC HOSPITALS TOTAL	6	28	44,332.84	1583.32	.002	7388.81	3.07	
ACCOMMODATIONS	6	28	18,667.70	666.70	.002	3111.28	1.29	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	6	28	18,667.70	666.70	.002	3111.28	1.29	
ANCILLARIES	6	0	25,665.14	.00	.000	4277.52	1.78	
INPATIENT CROSSOVERS	86	0	67,426.72	.00	.000	784.03	4.67	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	473	4,571	78,954.02	17.27	.317	166.92	5.47	
MEDICAL	42	82	4,088.15	49.86	.006	97.34	.28	
SURGERY	13	17	1,459.93	85.88	.001	112.30	.10	
PATHOLOGY	99	659	4,697.22	7.13	.046	47.45	.33	
RADIOLOGY	49	159	14,107.40	88.73	.011	287.91	.98	
ROOM USE	92	134	5,037.45	37.59	.009	54.75	.35	
CROSSOVERS/ALL OTH OUTPTNT	338	3,520	49,563.87	14.08	.244	146.64	3.43	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	6,496	210,172	\$ 19,868,715.27	\$ 94.54	14.564	\$ 3058.61	\$ 1376.81	
LEV A-INTERMEDIATE	40	1,245	69,716.16	56.00	.086	1742.90	4.83	
LEV B-REHAB MD	16	492	49,403.60	100.41	.034	3087.73	3.42	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	11	366	200,102.30	546.73	.025	18191.12	13.87	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	6,429	208,069	19,549,493.21	93.96	14.418	3040.83	1354.69	
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	72	1,143	\$ 92,760.70	\$ 81.16	.079	\$ 1288.34	\$ 6.43	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	72	1,143	92,760.70	81.16	.079	1288.34	6.43	
@REHABILITATION FACILITY	3	9	\$ 247.92	\$ 27.55	.001	\$ 82.64	\$ .02	
HOSPITAL BASED	3	9	247.92	27.55	.001	82.64	.02	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	116	566	\$ 6,290.41	\$ 11.11	.039	\$ 54.23	\$ .44	
PATHOLOGY	105	539	6,181.90	11.47	.037	58.88	.43	
XO AND OTHERS	11	27	108.51	4.02	.002	9.86	.01	
@ORGANIZED OUTPATIENT CLINIC	242	431	\$ 48,615.04	\$ 112.80	.030	\$ 200.89	\$ 3.37	
CLINIC	7	17	1,014.52	59.68	.001	144.93	.07	



SURGICENTER	28	111	8,137.12	73.31	.008	290.61	.56
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	209	303	39,463.40	130.24	.021	188.82	2.73

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
14,431 ELIGIBLES							
@ALL OTHER PROVIDERS	1,437	32,701	\$ 510,682.50	\$ 15.62	2.266	\$ 355.38	\$ 35.39
DURABLE MED. EQUIP.	131	693	69,702.10	100.58	.048	532.08	4.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	11	4,716.78	428.80	.001	428.80	.33
MEDICAL TRANSPORTATION	541	19,746	77,326.74	3.92	1.368	142.93	5.36
AMBULANCES/AIR TRANS	35	195	3,926.56	20.14	.014	112.19	.27
OTHER TRANS	498	19,479	73,145.10	3.76	1.350	146.88	5.07
OTHER SERVICES	19	72	255.08	3.54	.005	13.43	.02
ACUPUNCTURE	14	50	875.86	17.52	.003	62.56	.06
ADULT DAY HEALTH CARE CTR	133	1,766	121,869.54	69.01	.122	916.31	8.44
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	27	238	16,025.99	67.34	.016	593.56	1.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	171	384	4,537.14	11.82	.027	26.53	.31
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	122	203	159.95	.79	.014	1.31	.01
PROSTHETIST/ORTHOTISTS	3	9	82.24	9.14	.001	27.41	.01
PROSTHETICS	3	9	82.24	9.14	.001	27.41	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	7	7	54.13	7.73	.000	7.73	.00
SPEECH AND AUDIOLOGY	58	89	12,553.58	141.05	.006	216.44	.87
HOSPICE SERVICES	60	1,729	192,258.90	111.20	.120	3204.32	13.32
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	262	7,776	10,519.55	1.35	.539	40.15	.73
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2,675	22,453	\$ 412,292.19	\$ 18.36	1.556	\$ 154.13	\$ 28.57

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,757
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PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
33 ELIGIBLES							
@TOTAL, ALL PROVIDERS	29	4,201	\$ 127,524.56	\$ 30.36	127.303	\$ 4397.40	\$ 3864.38
@PHYSICIANS SERVICES	5	6	\$ 122.73	\$ 20.46	.182	\$ 24.55	\$ 3.72
OUTPATIENT VISITS	1	1	49.20	49.20	.030	49.20	1.49
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	1	1	49.20	49.20	.030	49.20	1.49
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00



OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	1	1		6.85	6.85	.030	6.85	.21
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		6.85	6.85	.030	6.85	.21
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	4		66.68	16.67	.121	22.23	2.02
@PHARMACY	27	3,336	\$	14,660.56	\$ 4.39	101.091	\$ 542.98	\$ 444.26
PRESCRIPTION DRUGS	27	180		12,860.19	71.45	5.455	476.30	389.70
SNF/ICF	27	179		12,894.55	72.04	5.424	477.58	390.74
OUTPATIENTS	0	1		34.36CR	34.36CR	.030	.00	1.04CR
MEDICAL SUPPLIES	8	3,156		1,800.37	.57	95.636	225.05	54.56
@DENTIST	1	2	\$	75.00	\$ 37.50	.061	\$ 75.00	\$ 2.27
VISITS - DIAGNOSTIC	1	2		75.00	37.50	.061	75.00	2.27
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV  
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33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	3	21	\$ 339.66	\$ 16.17	.636	\$ 113.22	\$ 10.29
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	21	339.66	16.17	.636	113.22	10.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	21	339.66	16.17	.636	113.22	10.29
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND

	33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3		21	\$ 339.66	\$ 16.17	.636	\$ 113.22	\$ 10.29
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00



ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	21		339.66	16.17	.636	113.22	10.29
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	21		339.66	16.17	.636	113.22	10.29
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	15	425	\$	41,504.49	\$ 97.66	12.879	\$ 2766.97	\$ 1257.71
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	15	425		41,504.49	97.66	12.879	2766.97	1257.71
@INTERMEDIATE CARE FACIL.-DD	12	366	\$	69,336.33	\$ 189.44	11.091	\$ 5778.03	\$ 2101.10
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366		69,336.33	189.44	11.091	5778.03	2101.10
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND

	33 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	11	45	\$	1,485.79	\$ 33.02	1.364	\$ 135.07	\$ 45.02
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	10		71.42	7.14	.303	71.42	2.16
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	1	10		71.42	7.14	.303	71.42	2.16
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	9	33		1,372.96	41.60	1.000	152.55	41.60
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2		41.41	20.71	.061	41.41	1.25
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	8	27	\$	1,262.19	\$	.818	\$	157.77

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,761
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PLACER COUNTY	SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - DISABLED	

	7,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6,951	236,380	\$	9,333,126.92	\$ 39.48	31.388	\$ 1342.70	\$ 1239.29
@PHYSICIANS SERVICES	1,778	6,915	\$	300,283.81	\$ 43.42	.918	\$ 168.89	\$ 39.87



OUTPATIENT VISITS	694	1,043		39,313.44	37.69	.138	56.65	5.22
OFFICE VISITS	495	710		21,494.81	30.27	.094	43.42	2.85
HOME VISITS	5	2		68.60	34.30	.000	13.72	.01
EMERGENCY ROOM	164	221		14,996.36	67.86	.029	91.44	1.99
PREVENTIVE CARE	1	1		43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	96	109		2,709.82	24.86	.014	28.23	.36
INPATIENT VISITS	197	951		37,740.16	39.68	.126	191.57	5.01
HOSPITAL VISITS	146	844		31,264.18	37.04	.112	214.14	4.15
CRITICAL CARE	9	39		4,258.48	109.19	.005	473.16	.57
SNF/ICF/TRANS IP CARE	53	68		2,217.50	32.61	.009	41.84	.29
OPHTHALMOLOGICAL SERVICES	20	25		1,046.05	41.84	.003	52.30	.14
EXAMINATIONS	20	25		1,046.05	41.84	.003	52.30	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	86	514		42,274.59	82.25	.068	491.57	5.61
PRINCIPAL SURGEON	65	103		31,716.73	307.93	.014	487.95	4.21
ASSISTANT SURGEON	5	5		1,404.48	280.90	.001	280.90	.19
ANESTHESIOLOGIST	32	406		9,153.38	22.55	.054	286.04	1.22
OUTPATIENT SURGERY	114	272		31,046.93	114.14	.036	272.34	4.12
PRINCIPAL SURGEON	93	134		27,039.96	201.79	.018	290.75	3.59
ASSISTANT SURGEON	2	2		293.74	146.87	.000	146.87	.04
ANESTHESIOLOGIST	28	136		3,713.23	27.30	.018	132.62	.49
DIALYSIS	19	106		7,484.10	70.60	.014	393.90	.99
PATHOLOGY	69	166		3,270.81	19.70	.022	47.40	.43
RADIOLOGY	364	864		66,300.84	76.74	.115	182.15	8.80
PSYCHIATRY	1	1		32.98	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	46	307		20,330.72	66.22	.041	441.97	2.70
OTHER SERVICES/ALL X-OVERS	940	2,666		51,443.19	19.30	.354	54.73	6.83
@PHARMACY	5,416	98,224	\$	2,834,544.23	\$ 28.86	13.043	\$ 523.36	\$ 376.38
PRESCRIPTION DRUGS	5,333	27,254		2,764,700.50	101.44	3.619	518.41	367.11
SNF/ICF	819	6,086		483,135.24	79.38	.808	589.91	64.15
OUTPATIENTS	4,550	21,168		2,281,565.26	107.78	2.811	501.44	302.96
MEDICAL SUPPLIES	501	70,970		69,843.73	.98	9.424	139.41	9.27
@DENTIST	411	1,675	\$	69,063.50	\$ 41.23	.222	\$ 168.04	\$ 9.17
VISITS - DIAGNOSTIC	292	1,075		15,077.30	14.03	.143	51.63	2.00
ORAL SURGERY	72	197		9,121.00	46.30	.026	126.68	1.21
DRUGS	4	4		50.00	12.50	.001	12.50	.01
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	19	26		2,488.00	95.69	.003	130.95	.33
ENDODONTICS	32	43		8,849.00	205.79	.006	276.53	1.18
RESTORATIVE DENTISTRY	104	235		14,699.20	62.55	.031	141.34	1.95
PROSTHETICS	6	6		180.00	30.00	.001	30.00	.02
DENTURES, STAYPLATES	49	86		18,479.00	214.87	.011	377.12	2.45
SPACE MAINTAINERS	1	1		120.00	120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	2		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024								
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		----- MONTHLY AVERAGE -----						
7,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	123	318	\$ 6,449.48	\$ 20.28	.042	\$ 52.43	\$ .86	
DIAGNOSTIC AND ANC. PROCED	35	36	1,551.10	43.09	.005	44.32	.21	



EYE APPLIANCES	96	263		4,254.17		16.18	.035	44.31	.56
OTHER OPTOMETRIC SERVICES	12	19		644.21		33.91	.003	53.68	.09
@CHIROPRACTOR	6	12	\$	200.64	\$	16.72	.002	\$ 33.44	\$ .03
VISITS	6	12		200.64		16.72	.002	33.44	.03
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	89	167	\$	1,615.84	\$	9.68	.022	\$ 18.16	\$ .21
MEDICINE/INJECTIONS	4	5		153.20		30.64	.001	38.30	.02
SURGERY/ANES.	2	2		108.14		54.07	.000	54.07	.01
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	84	160		1,354.50		8.47	.021	16.13	.18
@HOME HEALTH AGENCY	115	20,298	\$	607,314.85	\$	29.92	2.695	\$ 5281.00	\$ 80.64
NURSE ANESTHESIST	1	20	\$	39.72	\$	1.99	.003	\$ 39.72	\$ .01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	4	21	\$	401.91	\$	19.14	.003	\$ 100.48	\$ .05
@TOTAL HOSPITAL	877	6,783	\$	1,203,661.93	\$	177.45	.901	\$ 1372.48	\$ 159.83
HOSP INPATIENT TOTAL	148	798		1,060,508.06		1328.96	.106	7165.60	140.82
HSC HOSPITALS	75	547		659,482.95		1205.64	.073	8793.11	87.57
NON-HSC HOSPITAL TOTAL	32	251		357,838.39		1425.65	.033	11182.45	47.52
ACCOMMODATIONS	32	251		128,131.74		510.49	.033	4004.12	17.01
ADMINISTRATIVE DAYS	2	11		2,486.34		226.03	.001	1243.17	.33
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	30	240		125,645.40		523.52	.032	4188.18	16.68
ANCILLARIES	32	0		229,706.65		.00	.000	7178.33	30.50
INPATIENT CROSSOVERS	48	0		43,186.72		.00	.000	899.72	5.73
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	769	5,985		143,153.87		23.92	.795	186.16	19.01
MEDICAL	145	246		10,329.60		41.99	.033	71.24	1.37
SURGERY	55	66		2,559.18		38.78	.009	46.53	.34
PATHOLOGY	266	1,612		14,529.43		9.01	.214	54.62	1.93
RADIOLOGY	153	249		23,357.44		93.80	.033	152.66	3.10
ROOM USE	306	479		17,255.42		36.02	.064	56.39	2.29
CROSSOVERS/ALL OTH OUTPTNT	434	3,333		75,122.80		22.54	.443	173.09	9.98
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

7,531 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST UNITS/DAYS COST PER

COST PER

----- MONTHLY AVERAGE -----



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	877	6,783	\$	1,203,661.93	\$ 177.45	.901	\$ 1372.48	\$ 159.83
COMM HOSP INPATIENT TOTAL	148	798		1,060,508.06	1328.96	.106	7165.60	140.82
HSC HOSPITALS	75	547		659,482.95	1205.64	.073	8793.11	87.57
NON-HSC HOSPITALS TOTAL	32	251		357,838.39	1425.65	.033	11182.45	47.52
ACCOMMODATIONS	32	251		128,131.74	510.49	.033	4004.12	17.01
ADMINISTRATIVE DAYS	2	11		2,486.34	226.03	.001	1243.17	.33
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	30	240		125,645.40	523.52	.032	4188.18	16.68
ANCILLARIES	32	0		229,706.65	.00	.000	7178.33	30.50
INPATIENT CROSSOVERS	48	0		43,186.72	.00	.000	899.72	5.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	769	5,985		143,153.87	23.92	.795	186.16	19.01
MEDICAL	145	246		10,329.60	41.99	.033	71.24	1.37
SURGERY	55	66		2,559.18	38.78	.009	46.53	.34
PATHOLOGY	266	1,612		14,529.43	9.01	.214	54.62	1.93
RADIOLOGY	153	249		23,357.44	93.80	.033	152.66	3.10
ROOM USE	306	479		17,255.42	36.02	.064	56.39	2.29
CROSSOVERS/ALL OTH OUTPTNT	434	3,333		75,122.80	22.54	.443	173.09	9.98
@STATE HOSPITAL	12	366	\$	191,328.28	\$ 522.75	.049	\$ 15944.02	\$ 25.41
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366		191,328.28	522.75	.049	15944.02	25.41
@NURSING FACILITY	508	17,015	\$	2,022,466.88	\$ 118.86	2.259	\$ 3981.23	\$ 268.55
LEV A-INTERMEDIATE	1	40		2,717.60	67.94	.005	2717.60	.36
LEV B-REHAB MD	6	275		23,046.76	83.81	.037	3841.13	3.06
LEV B-SUBACUTE FREESTANDING	2	39		14,286.48	366.32	.005	7143.24	1.90
LEV B-SUBACUTE HSPTL BASED	11	455		245,873.35	540.38	.060	22352.12	32.65
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	490	16,206		1,736,542.69	107.15	2.152	3543.96	230.59
@INTERMEDIATE CARE FACIL.-DD	276	8,418	\$	1,490,211.20	\$ 177.03	1.118	\$ 5399.32	\$ 197.88
ICF DDH	96	2,928		444,605.20	151.85	.389	4631.30	59.04
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	180	5,490		1,045,606.00	190.46	.729	5808.92	138.84
@HEMODIALYSIS TOTAL	89	2,199	\$	107,936.25	\$ 49.08	.292	\$ 1212.77	\$ 14.33
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	89	2,199		107,936.25	49.08	.292	1212.77	14.33
@REHABILITATION FACILITY	8	98	\$	2,692.70	\$ 27.48	.013	\$ 336.59	\$ .36
HOSPITAL BASED	6	64		2,003.23	31.30	.008	333.87	.27
INDEPENDENT FACILITY	2	34		689.47	20.28	.005	344.74	.09
@LABORATORY FACILITY	281	1,039	\$	13,007.15	\$ 12.52	.138	\$ 46.29	\$ 1.73
PATHOLOGY	267	1,008		12,845.23	12.74	.134	48.11	1.71
XO AND OTHERS	14	31		161.92	5.22	.004	11.57	.02
@ORGANIZED OUTPATIENT CLINIC	489	839	\$	112,476.36	\$ 134.06	.111	\$ 230.01	\$ 14.94
CLINIC	25	52		1,552.10	29.85	.007	62.08	.21
SURGICENTER	30	109		4,442.36	40.76	.014	148.08	.59
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	440	678		106,481.90	157.05	.090	242.00	14.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED							

	7,531 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,221	71,973	\$	369,432.19	\$ 5.13	9.557	\$ 302.57	\$ 49.05
DURABLE MED. EQUIP.	105	482		59,406.58	123.25	.064	565.78	7.89
BLOOD BANK	0	0		.00	.00	.000	.00	.00



HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	195	14,403	53,566.17	3.72	1.912	274.70	7.11
AMBULANCES/AIR TRANS	91	753	12,752.18	16.94	.100	140.13	1.69
OTHER TRANS	105	13,619	38,976.95	2.86	1.808	371.21	5.18
OTHER SERVICES	9	31	1,837.04	59.26	.004	204.12	.24
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	44	673	45,811.74	68.07	.089	1041.18	6.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	40	150	16,275.24	108.50	.020	406.88	2.16
OCCUPATIONAL THERAPIST	1	28	113.17	4.04	.004	113.17	.02
OPTICIAN	104	238	2,478.40	10.41	.032	23.83	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	13	6.84	.53	.002	.86	.00
PROSTHETIST/ORTHOTISTS	8	40	2,597.32	64.93	.005	324.67	.34
PROSTHETICS	8	40	2,597.32	64.93	.005	324.67	.34
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	6	123.89	20.65	.001	20.65	.02
SPEECH AND AUDIOLOGY	271	1,084	43,554.39	40.18	.144	160.72	5.78
HOSPICE SERVICES	22	308	38,130.17	123.80	.041	1733.19	5.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	220	10,546	51,906.18	4.92	1.400	235.94	6.89
EPSDT SUPPLEMENTAL SERVICE	4	234	6,881.76	29.41	.031	1720.44	.91
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	327	43,766	48,537.09	1.11	5.811	148.43	6.44
@CALIF. CHILDREN SERVICES*	95	9,975	\$ 85,028.39	\$ 8.52	1.325	\$ 895.04	\$ 11.29
@XOVER EXCLUDING STATE HOSP**	1,187	15,299	\$ 180,581.82	\$ 11.80	2.031	\$ 152.13	\$ 23.98

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
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## PLACER COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

85,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37,606	185,888	\$ 10,646,425.73	\$ 57.27	2.167	\$ 283.10	\$ 124.13
@PHYSICIANS SERVICES	17,526	41,940	\$ 1,847,146.92	\$ 44.04	.489	\$ 105.39	\$ 21.54
OUTPATIENT VISITS	13,942	18,714	684,332.42	36.57	.218	49.08	7.98
OFFICE VISITS	9,958	12,738	399,259.21	31.34	.149	40.09	4.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,819	3,185	166,616.45	52.31	.037	59.10	1.94
PREVENTIVE CARE	4	4	200.64	50.16	.000	50.16	.00
OB VISITS/COMPRE PERI	723	1,194	81,199.23	68.01	.014	112.31	.95
OTHER OUTPATIENT	1,471	1,593	37,056.89	23.26	.019	25.19	.43
INPATIENT VISITS	620	2,373	141,741.76	59.73	.028	228.62	1.65
HOSPITAL VISITS	592	1,890	77,782.07	41.15	.022	131.39	.91
CRITICAL CARE	56	481	63,885.29	132.82	.006	1140.81	.74
SNF/ICF/TRANS IP CARE	1	2	74.40	37.20	.000	74.40	.00
OPHTHALMOLOGICAL SERVICES	103	127	5,069.84	39.92	.001	49.22	.06
EXAMINATIONS	98	122	4,994.30	40.94	.001	50.96	.06
SERVICES AND MATERIALS	5	5	75.54	15.11	.000	15.11	.00
INPATIENT HOSPITAL SURGERY	669	2,831	365,188.60	129.00	.033	545.87	4.26
PRINCIPAL SURGEON	444	512	292,722.53	571.72	.006	659.28	3.41
ASSISTANT SURGEON	103	102	18,345.41	179.86	.001	178.11	.21
ANESTHESIOLOGIST	252	2,217	54,120.66	24.41	.026	214.76	.63
OUTPATIENT SURGERY	1,249	2,554	177,550.15	69.52	.030	142.15	2.07
PRINCIPAL SURGEON	1,091	1,439	147,470.44	102.48	.017	135.17	1.72
ASSISTANT SURGEON	15	15	1,636.75	109.12	.000	109.12	.02
ANESTHESIOLOGIST	230	1,100	28,442.96	25.86	.013	123.67	.33
DIALYSIS	1	6	339.60	56.60	.000	339.60	.00
PATHOLOGY	1,530	2,124	29,694.17	13.98	.025	19.41	.35
RADIOLOGY	3,296	5,280	282,173.25	53.44	.062	85.61	3.29
PSYCHIATRY	131	143	4,716.14	32.98	.002	36.00	.05
IMMUNIZATION AND INJECTION	404	882	36,243.00	41.09	.010	89.71	.42
OTHER SERVICES/ALL X-OVERS	1,532	6,906	120,097.99	17.39	.081	78.39	1.40
@PHARMACY	18,210	52,726	\$ 2,925,452.20	\$ 55.48	.615	\$ 160.65	\$ 34.11
PRESCRIPTION DRUGS	18,094	40,798	2,531,728.03	62.06	.476	139.92	29.52
SNF/ICF	31	217	8,924.33	41.13	.003	287.88	.10
OUTPATIENTS	18,074	40,581	2,522,803.70	62.17	.473	139.58	29.41
MEDICAL SUPPLIES	477	11,928	393,724.17	33.01	.139	825.42	4.59
@DENTIST	4,457	21,516	\$ 676,061.92	\$ 31.42	.251	\$ 151.69	\$ 7.88
VISITS - DIAGNOSTIC	3,312	14,791	221,305.45	14.96	.172	66.82	2.58
ORAL SURGERY	564	1,115	58,952.30	52.87	.013	104.53	.69
DRUGS	210	231	5,243.75	22.70	.003	24.97	.06
ANESTHESIA	12	12	1,250.00	104.17	.000	104.17	.01
PERIODONTICS	61	61	6,219.20	101.95	.001	101.95	.07
ENDODONTICS	429	776	120,552.16	155.35	.009	281.01	1.41
RESTORATIVE DENTISTRY	1,460	3,994	220,547.21	55.22	.047	151.06	2.57
PROSTHETICS	26	27	758.50	28.09	.000	29.17	.01
DENTURES, STAYPLATES	67	173	21,546.00	124.54	.002	321.58	.25
SPACE MAINTAINERS	39	48	4,748.00	98.92	.001	121.74	.06
MAXILLOFACIAL SERVICES	8	8	2,894.35	361.79	.000	361.79	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	100	140	11,520.00	82.29	.002	115.20	.13
ALL OTHER SERVICES	135	140	525.00	3.75	.002	3.89	.01



## PLACER COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

85,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	931	2,612	\$ 59,030.08	\$ 22.60	.030		\$ 63.41	\$ .69
DIAGNOSTIC AND ANC. PROCED	679	706	30,111.80	42.65	.008		44.35	.35
EYE APPLIANCES	681	1,878	28,119.12	14.97	.022		41.29	.33
OTHER OPTOMETRIC SERVICES	23	28	799.16	28.54	.000		34.75	.01
@CHIROPRACTOR	175	277	\$ 4,602.18	\$ 16.61	.003	\$	26.30	\$ .05
VISITS	175	277	4,602.18	16.61	.003		26.30	.05
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	82	118	\$ 3,885.19	\$ 32.93	.001	\$	47.38	\$ .05
MEDICINE/INJECTIONS	68	87	3,171.74	36.46	.001		46.64	.04
SURGERY/ANES.	2	2	107.04	53.52	.000		53.52	.00
RADIO./PATHOLOGY	3	3	59.74	19.91	.000		19.91	.00
OTHER	15	26	546.67	21.03	.000		36.44	.01
@HOME HEALTH AGENCY	50	170	\$ 10,361.57	\$ 60.95	.002	\$	207.23	\$ .12
NURSE ANESTHESIST	2	14	\$ 309.06	\$ 22.08	.000	\$	154.53	\$ .00
NURSE MIDWIFE	8	74	\$ 1,896.08	\$ 25.62	.001	\$	237.01	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	21	59	\$ 1,607.06	\$ 27.24	.001	\$	76.53	\$ .02
@TOTAL HOSPITAL	7,035	30,099	\$ 3,963,494.40	\$ 131.68	.351	\$	563.40	\$ 46.21
HOSP INPATIENT TOTAL	576	2,320	3,230,189.60	1392.32	.027		5607.97	37.66
HSC HOSPITALS	384	1,567	2,011,856.09	1283.89	.018		5239.21	23.46
NON-HSC HOSPITAL TOTAL	190	753	1,209,715.91	1606.53	.009		6366.93	14.10
ACCOMMODATIONS	190	753	430,218.48	571.34	.009		2264.31	5.02
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.000		173.48	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	189	752	430,045.00	571.87	.009		2275.37	5.01
ANCILLARIES	190	0	779,497.43	.00	.000		4102.62	9.09
INPATIENT CROSSOVERS	8	0	8,617.60	.00	.000		1077.20	.10
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	6,687	27,779	733,304.80	26.40	.324		109.66	8.55
MEDICAL	892	1,321	50,164.81	37.97	.015		56.24	.58
SURGERY	631	728	26,584.44	36.52	.008		42.13	.31
PATHOLOGY	2,657	11,073	120,062.86	10.84	.129		45.19	1.40
RADIOLOGY	1,591	2,365	171,942.36	72.70	.028		108.07	2.00
ROOM USE	4,617	5,707	211,278.32	37.02	.067		45.76	2.46
CROSSOVERS/ALL OTH OUTPTNT	2,271	6,585	153,272.01	23.28	.077		67.49	1.79
@COUNTY HOSPITAL TOTAL	11	55	\$ 5,931.23	\$ 107.84	.001	\$	539.20	\$ .07
CO HOSPITAL INPATIENT TOTAL	2	3	3,864.02	1288.01	.000		1932.01	.05
HSC HOSPITALS	2	3	3,864.02	1288.01	.000		1932.01	.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	10	52	2,067.21	39.75	.001		206.72	.02
MEDICAL	1	1	31.81	31.81	.000		31.81	.00
SURGERY	5	7	559.23	79.89	.000		111.85	.01
PATHOLOGY	4	19	324.72	17.09	.000		81.18	.00
RADIOLOGY	1	1	27.59	27.59	.000		27.59	.00
ROOM USE	4	9	543.14	60.35	.000		135.79	.01



	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
85,769 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	7,027	30,044	\$ 3,957,563.17	\$ 131.73	.350	\$ 563.19	\$ 46.14
COMM HOSP INPATIENT TOTAL	574	2,317	3,226,325.58	1392.46	.027	5620.78	37.62
HSC HOSPITALS	382	1,564	2,007,992.07	1283.88	.018	5256.52	23.41
NON-HSC HOSPITALS TOTAL	190	753	1,209,715.91	1606.53	.009	6366.93	14.10
ACCOMMODATIONS	190	753	430,218.48	571.34	.009	2264.31	5.02
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.000	173.48	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	189	752	430,045.00	571.87	.009	2275.37	5.01
ANCILLARIES	190	0	779,497.43	.00	.000	4102.62	9.09
INPATIENT CROSSOVERS	8	0	8,617.60	.00	.000	1077.20	.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,680	27,727	731,237.59	26.37	.323	109.47	8.53
MEDICAL	891	1,320	50,133.00	37.98	.015	56.27	.58
SURGERY	626	721	26,025.21	36.10	.008	41.57	.30
PATHOLOGY	2,654	11,054	119,738.14	10.83	.129	45.12	1.40
RADIOLOGY	1,591	2,364	171,914.77	72.72	.028	108.05	2.00
ROOM USE	4,614	5,698	210,735.18	36.98	.066	45.67	2.46
CROSSOVERS/ALL OTH OUTPTNT	2,267	6,570	152,691.29	23.24	.077	67.35	1.78
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	346	\$ 34,910.59	\$ 100.90	.004	\$ 2909.22	\$ .41
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	346	34,910.59	100.90	.004	2909.22	.41
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	93	\$ 7,919.34	\$ 85.15	.001	\$ 1319.89	\$ .09
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	93	7,919.34	85.15	.001	1319.89	.09
@REHABILITATION FACILITY	17	44	\$ 1,660.80	\$ 37.75	.001	\$ 97.69	\$ .02
HOSPITAL BASED	17	44	1,660.80	37.75	.001	97.69	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	3,148	9,588	\$ 136,193.37	\$ 14.20	.112	\$ 43.26	\$ 1.59
PATHOLOGY	3,146	9,586	136,130.02	14.20	.112	43.27	1.59
XO AND OTHERS	2	2	63.35	31.68	.000	31.68	.00
@ORGANIZED OUTPATIENT CLINIC	3,158	6,347	\$ 750,985.06	\$ 118.32	.074	\$ 237.80	\$ 8.76
CLINIC	852	2,535	75,552.02	29.80	.030	88.68	.88
SURGICENTER	78	446	14,706.84	32.97	.005	188.55	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,274	3,366	660,726.20	196.29	.039	290.56	7.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,768
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PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES						



85,769 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,283	19,865	\$ 220,909.91	\$ 11.12	.232	\$ 96.76	\$ 2.58
DURABLE MED. EQUIP.	189	544	30,679.87	56.40	.006	162.33	.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	355	8,587	82,611.16	9.62	.100	232.71	.96
AMBULANCES/AIR TRANS	342	3,201	48,731.46	15.22	.037	142.49	.57
OTHER TRANS	13	5,372	14,050.06	2.62	.063	1080.77	.16
OTHER SERVICES	14	14	19,829.64	1416.40	.000	1416.40	.23
ACUPUNCTURE	5	13	254.10	19.55	.000	50.82	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	134	134	14,070.00	105.00	.002	105.00	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	6	124.19	20.70	.000	124.19	.00
OPTICIAN	671	1,435	13,028.18	9.08	.017	19.42	.15
PHYSICAL THERAPIST	4	19	314.59	16.56	.000	78.65	.00
PORTABLE X-RAY	1	2	.14	.07	.000	.14	.00
PROSTHETIST/ORTHOTISTS	43	71	9,449.01	133.08	.001	219.74	.11
PROSTHETICS	43	71	9,449.01	133.08	.001	219.74	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	75	165	10,982.92	66.56	.002	146.44	.13
HOSPICE SERVICES	3	22	2,983.00	135.59	.000	994.33	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	728	3,379	33,106.48	9.80	.039	45.48	.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	134	5,484	23,230.30	4.24	.064	173.36	.27
@CALIF. CHILDREN SERVICES*	348	6,782	\$ 1,026,988.65	\$ 151.43	.079	\$ 2951.12	\$ 11.97
@XOVER EXCLUDING STATE HOSP**	177	1,009	\$ 31,868.69	\$ 31.58	.012	\$ 180.05	\$ .37

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
PLACER COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

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107,764 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	57,752	797,218	\$ 44,122,616.12	\$ 55.35	7.398	\$ 764.00	\$ 409.44
@PHYSICIANS SERVICES	20,839	52,663	\$ 2,260,940.68	\$ 42.93	.489	\$ 108.50	\$ 20.98
OUTPATIENT VISITS	14,974	20,199	739,412.60	36.61	.187	49.38	6.86
OFFICE VISITS	10,738	13,813	432,563.26	31.32	.128	40.28	4.01
HOME VISITS	6	3	117.80	39.27	.000	19.63	.00
EMERGENCY ROOM	3,014	3,443	184,521.20	53.59	.032	61.22	1.71
PREVENTIVE CARE	5	5	244.49	48.90	.000	48.90	.00
OB VISITS/COMPRE PERI	723	1,194	81,199.23	68.01	.011	112.31	.75
OTHER OUTPATIENT	1,603	1,741	40,766.62	23.42	.016	25.43	.38
INPATIENT VISITS	871	3,444	184,393.70	53.54	.032	211.70	1.71
HOSPITAL VISITS	772	2,828	112,985.88	39.95	.026	146.35	1.05
CRITICAL CARE	66	522	68,386.97	131.01	.005	1036.17	.63
SNF/ICF/TRANS IP CARE	74	94	3,020.85	32.14	.001	40.82	.03
OPHTHALMOLOGICAL SERVICES	172	222	8,847.71	39.85	.002	51.44	.08



EXAMINATIONS	165	213		8,653.65	40.63	.002	52.45	.08
SERVICES AND MATERIALS	9	9		194.06	21.56	.000	21.56	.00
INPATIENT HOSPITAL SURGERY	769	3,394		413,098.08	121.71	.031	537.19	3.83
PRINCIPAL SURGEON	520	627		329,068.35	524.83	.006	632.82	3.05
ASSISTANT SURGEON	109	108		19,860.46	183.89	.001	182.21	.18
ANESTHESIOLOGIST	287	2,659		64,169.27	24.13	.025	223.59	.60
OUTPATIENT SURGERY	1,417	2,928		225,899.27	77.15	.027	159.42	2.10
PRINCIPAL SURGEON	1,231	1,631		190,473.54	116.78	.015	154.73	1.77
ASSISTANT SURGEON	17	17		1,930.49	113.56	.000	113.56	.02
ANESTHESIOLOGIST	268	1,280		33,495.24	26.17	.012	124.98	.31
DIALYSIS	34	149		13,440.72	90.21	.001	395.32	.12
PATHOLOGY	1,629	2,331		33,768.70	14.49	.022	20.73	.31
RADIOLOGY	3,823	6,503		368,683.83	56.69	.060	96.44	3.42
PSYCHIATRY	136	149		4,914.02	32.98	.001	36.13	.05
IMMUNIZATION AND INJECTION	476	1,508		57,504.10	38.13	.014	120.81	.53
OTHER SERVICES/ALL X-OVERS	3,579	11,836		210,977.95	17.83	.110	58.95	1.96
@PHARMACY	34,216	267,932	\$	8,750,189.30	\$ 32.66	2.486	\$ 255.73	\$ 81.20
PRESCRIPTION DRUGS	33,881	122,787		8,213,805.78	66.89	1.139	242.43	76.22
SNF/ICF	6,679	42,173		2,273,078.75	53.90	.391	340.33	21.09
OUTPATIENTS	27,367	80,614		5,940,727.03	73.69	.748	217.08	55.13
MEDICAL SUPPLIES	1,740	145,145		536,383.52	3.70	1.347	308.27	4.98
@DENTIST	5,593	25,255	\$	854,816.43	\$ 33.85	.234	\$ 152.84	\$ 7.93
VISITS - DIAGNOSTIC	4,166	17,208		260,964.76	15.17	.160	62.64	2.42
ORAL SURGERY	744	1,569		79,215.30	50.49	.015	106.47	.74
DRUGS	214	235		5,293.75	22.53	.002	24.74	.05
ANESTHESIA	12	12		1,250.00	104.17	.000	104.17	.01
PERIODONTICS	96	103		10,944.20	106.25	.001	114.00	.10
ENDODONTICS	474	833		131,986.16	158.45	.008	278.45	1.22
RESTORATIVE DENTISTRY	1,620	4,343		243,051.41	55.96	.040	150.03	2.26
PROSTHETICS	36	38		1,058.50	27.86	.000	29.40	.01
DENTURES, STAYPLATES	239	571		101,245.00	177.31	.005	423.62	.94
SPACE MAINTAINERS	40	49		4,868.00	99.35	.000	121.70	.05



MAXILLOFACIAL SERVICES	8	8	2,894.35	361.79	.000	361.79	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	100	140	11,520.00	82.29	.001	115.20	.11
ALL OTHER SERVICES	154	146	525.00	3.60	.001	3.41	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,770  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDED - TOTAL

107,764 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,292	3,530	\$ 78,559.56	\$ 22.25	.033	\$ 60.80	\$ .73
DIAGNOSTIC AND ANC. PROCED	779	810	33,853.04	41.79	.008	43.46	.31
EYE APPLIANCES	938	2,610	40,727.30	15.60	.024	43.42	.38
OTHER OPTOMETRIC SERVICES	80	110	3,979.22	36.17	.001	49.74	.04
@CHIROPRACTOR	182	291	\$ 4,836.26	\$ 16.62	.003	\$ 26.57	\$ .04
VISITS	181	289	4,802.82	16.62	.003	26.53	.04
OTHER SERVICES	1	2	33.44	16.72	.000	33.44	.00
@PODIATRIST	965	1,149	\$ 12,403.22	\$ 10.79	.011	\$ 12.85	\$ .12
MEDICINE/INJECTIONS	72	92	3,324.94	36.14	.001	46.18	.03
SURGERY/ANES.	4	4	215.18	53.80	.000	53.80	.00
RADIO./PATHOLOGY	3	3	59.74	19.91	.000	19.91	.00
OTHER	893	1,050	8,803.36	8.38	.010	9.86	.08
@HOME HEALTH AGENCY	175	20,540	\$ 622,792.80	\$ 30.32	.191	\$ 3558.82	\$ 5.78
NURSE ANESTHESIST	5	43	\$ 448.34	\$ 10.43	.000	\$ 89.67	\$ .00
NURSE MIDWIFE	8	74	\$ 1,896.08	\$ 25.62	.001	\$ 237.01	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	27	84	\$ 2,082.59	\$ 24.79	.001	\$ 77.13	\$ .02
@TOTAL HOSPITAL	8,478	41,569	\$ 5,431,882.33	\$ 130.67	.386	\$ 640.70	\$ 50.41
HOSP INPATIENT TOTAL	830	3,211	4,476,078.21	1393.98	.030	5392.87	41.54
HSC HOSPITALS	474	2,179	2,744,960.03	1259.73	.020	5791.05	25.47
NON-HSC HOSPITAL TOTAL	228	1,032	1,611,887.14	1561.91	.010	7069.68	14.96
ACCOMMODATIONS	228	1,032	577,017.92	559.13	.010	2530.78	5.35
ADMINISTRATIVE DAYS	3	12	2,659.82	221.65	.000	886.61	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	225	1,020	574,358.10	563.10	.009	2552.70	5.33
ANCILLARIES	228	0	1,034,869.22	.00	.000	4538.90	9.60
INPATIENT CROSSOVERS	142	0	119,231.04	.00	.000	839.66	1.11
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	7,933	38,358	955,804.12	24.92	.356	120.48	8.87
MEDICAL	1,080	1,650	64,597.45	39.15	.015	59.81	.60
SURGERY	699	811	30,603.55	37.74	.008	43.78	.28
PATHOLOGY	3,022	13,344	139,289.51	10.44	.124	46.09	1.29
RADIOLOGY	1,793	2,773	209,407.20	75.52	.026	116.79	1.94
ROOM USE	5,016	6,321	233,608.07	36.96	.059	46.57	2.17
CROSSOVERS/ALL OTH OUTPTNT	3,046	13,459	278,298.34	20.68	.125	91.37	2.58
@COUNTY HOSPITAL TOTAL	12	57	\$ 5,983.00	\$ 104.96	.001	\$ 498.58	\$ .06
CO HOSPITAL INPATIENT TOTAL	2	3	3,864.02	1288.01	.000	1932.01	.04
HSC HOSPITALS	2	3	3,864.02	1288.01	.000	1932.01	.04
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00



CO HOSP OUTPATIENT TOTAL	11	54	2,118.98	39.24	.001	192.63	.02
MEDICAL	2	2	46.70	23.35	.000	23.35	.00
SURGERY	5	7	559.23	79.89	.000	111.85	.01
PATHOLOGY	4	19	324.72	17.09	.000	81.18	.00
RADIOLOGY	1	1	27.59	27.59	.000	27.59	.00
ROOM USE	5	10	580.02	58.00	.000	116.00	.01
CROSSOVERS/ALL OTH OUTPTNT	7	15	580.72	38.71	.000	82.96	.01

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,771  
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PLACER COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	107,764 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,469	41,512	\$ 5,425,899.33	\$ 130.71	.385	\$ 640.68	\$ 50.35	
COMM HOSP INPATIENT TOTAL	828	3,208	4,472,214.19	1394.08	.030	5401.22	41.50	
HSC HOSPITALS	472	2,176	2,741,096.01	1259.69	.020	5807.41	25.44	
NON-HSC HOSPITALS TOTAL	228	1,032	1,611,887.14	1561.91	.010	7069.68	14.96	
ACCOMMODATIONS	228	1,032	577,017.92	559.13	.010	2530.78	5.35	
ADMINISTRATIVE DAYS	3	12	2,659.82	221.65	.000	886.61	.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	225	1,020	574,358.10	563.10	.009	2552.70	5.33	
ANCILLARIES	228	0	1,034,869.22	.00	.000	4538.90	9.60	
INPATIENT CROSSOVERS	142	0	119,231.04	.00	.000	839.66	1.11	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	7,925	38,304	953,685.14	24.90	.355	120.34	8.85	
MEDICAL	1,078	1,648	64,550.75	39.17	.015	59.88	.60	
SURGERY	694	804	30,044.32	37.37	.007	43.29	.28	
PATHOLOGY	3,019	13,325	138,964.79	10.43	.124	46.03	1.29	
RADIOLOGY	1,793	2,772	209,379.61	75.53	.026	116.78	1.94	
ROOM USE	5,012	6,311	233,028.05	36.92	.059	46.49	2.16	
CROSSOVERS/ALL OTH OUTPTNT	3,042	13,444	277,717.62	20.66	.125	91.29	2.58	
@STATE HOSPITAL	12	366	\$ 191,328.28	\$ 522.75	.003	\$ 15944.02	\$ 1.78	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	12	366	191,328.28	522.75	.003	15944.02	1.78	
@NURSING FACILITY	7,031	227,958	\$ 21,967,597.23	\$ 96.37	2.115	\$ 3124.39	\$ 203.85	
LEV A-INTERMEDIATE	41	1,285	72,433.76	56.37	.012	1766.68	.67	
LEV B-REHAB MD	22	767	72,450.36	94.46	.007	3293.20	.67	
LEV B-SUBACUTE FREESTANDING	2	39	14,286.48	366.32	.000	7143.24	.13	
LEV B-SUBACUTE HSPTL BASED	22	821	445,975.65	543.21	.008	20271.62	4.14	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	6,946	225,046	21,362,450.98	94.92	2.088	3075.50	198.23	
@INTERMEDIATE CARE FACIL.-DD	288	8,784	\$ 1,559,547.53	\$ 177.54	.082	\$ 5415.10	\$ 14.47	
ICF DDH	96	2,928	444,605.20	151.85	.027	4631.30	4.13	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	192	5,856	1,114,942.33	190.39	.054	5806.99	10.35	
@HEMODIALYSIS TOTAL	167	3,435	\$ 208,616.29	\$ 60.73	.032	\$ 1249.20	\$ 1.94	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	167	3,435	208,616.29	60.73	.032	1249.20	1.94	
@REHABILITATION FACILITY	28	151	\$ 4,601.42	\$ 30.47	.001	\$ 164.34	\$ .04	
HOSPITAL BASED	26	117	3,911.95	33.44	.001	150.46	.04	
INDEPENDENT FACILITY	2	34	689.47	20.28	.000	344.74	.01	
@LABORATORY FACILITY	3,545	11,193	\$ 155,490.93	\$ 13.89	.104	\$ 43.86	\$ 1.44	
PATHOLOGY	3,518	11,133	155,157.15	13.94	.103	44.10	1.44	
XO AND OTHERS	27	60	333.78	5.56	.001	12.36	.00	
@ORGANIZED OUTPATIENT CLINIC	3,889	7,617	\$ 912,076.46	\$ 119.74	.071	\$ 234.53	\$ 8.46	
CLINIC	884	2,604	78,118.64	30.00	.024	88.37	.72	



SURGICENTER	136	666	27,286.32	40.97	.006	200.63	.25
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,923	4,347	806,671.50	185.57	.040	275.97	7.49

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,772

MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
107,764 ELIGIBLES							
@ALL OTHER PROVIDERS	4,952	124,584	\$ 1,102,510.39	\$ 8.85	1.156	\$ 222.64	\$ 10.23
DURABLE MED. EQUIP.	425	1,719	159,788.55	92.95	.016	375.97	1.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	11	4,716.78	428.80	.000	428.80	.04
MEDICAL TRANSPORTATION	1,092	42,746	213,575.49	5.00	.397	195.58	1.98
AMBULANCES/AIR TRANS	468	4,149	65,410.20	15.77	.039	139.77	.61
OTHER TRANS	617	38,480	126,243.53	3.28	.357	204.61	1.17
OTHER SERVICES	42	117	21,921.76	187.37	.001	521.95	.20
ACUPUNCTURE	20	65	1,173.21	18.05	.001	58.66	.01
ADULT DAY HEALTH CARE CTR	177	2,439	167,681.28	68.75	.023	947.35	1.56
GENETIC DISEASE TESTING	134	134	14,070.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	67	388	32,301.23	83.25	.004	482.11	.30
OCCUPATIONAL THERAPIST	2	34	237.36	6.98	.000	118.68	.00
OPTICIAN	946	2,057	20,043.72	9.74	.019	21.19	.19
PHYSICAL THERAPIST	4	19	314.59	16.56	.000	78.65	.00
PORTABLE X-RAY	131	218	166.93	.77	.002	1.27	.00
PROSTHETIST/ORTHOTISTS	54	120	12,128.57	101.07	.001	224.60	.11
PROSTHETICS	54	120	12,128.57	101.07	.001	224.60	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	14	17	253.99	14.94	.000	18.14	.00
SPEECH AND AUDIOLOGY	413	1,371	68,463.85	49.94	.013	165.77	.64
HOSPICE SERVICES	85	2,059	233,372.07	113.34	.019	2745.55	2.17
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	948	13,925	85,012.66	6.11	.129	89.68	.79
EPSDT SUPPLEMENTAL SERVICE	4	234	6,881.76	29.41	.002	1720.44	.06
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	724	57,028	82,328.35	1.44	.529	113.71	.76
@CALIF. CHILDREN SERVICES*	443	16,757	\$ 1,112,017.04	\$ 66.36	.155	\$ 2510.20	\$ 10.32
@XOVER EXCLUDING STATE HOSP**	4,047	38,788	\$ 626,004.89	\$ 16.14	.360	\$ 154.68	\$ 5.81

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,773
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
11,065 ELIGIBLES							
@TOTAL, ALL PROVIDERS	4,568	42,142	\$ 1,354,734.65	\$ 32.15	3.809	\$ 296.57	\$ 122.43
@PHYSICIANS SERVICES	1,715	4,233	\$ 206,020.56	\$ 48.67	.383	\$ 120.13	\$ 18.62
OUTPATIENT VISITS	1,385	1,867	71,879.57	38.50	.169	51.90	6.50
OFFICE VISITS	921	1,164	38,087.30	32.72	.105	41.35	3.44
HOME VISITS	11	11	402.27	36.57	.001	36.57	.04
EMERGENCY ROOM	336	382	19,947.56	52.22	.035	59.37	1.80
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	78	156	9,181.74	58.86	.014	117.71	.83



OTHER OUTPATIENT	139	154		4,260.70	27.67	.014	30.65	.39	
INPATIENT VISITS	91	404		26,721.77	66.14	.037	293.65	2.41	
HOSPITAL VISITS	90	350		18,386.60	52.53	.032	204.30	1.66	
CRITICAL CARE	11	54		8,335.17	154.36	.005	757.74	.75	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	9	9		345.42	38.38	.001	38.38	.03	
EXAMINATIONS	9	9		345.42	38.38	.001	38.38	.03	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	64	402		39,010.00	97.04	.036	609.53	3.53	
PRINCIPAL SURGEON	40	52		29,235.35	562.22	.005	730.88	2.64	
ASSISTANT SURGEON	3	3		758.35	252.78	.000	252.78	.07	
ANESTHESIOLOGIST	34	347		9,016.30	25.98	.031	265.19	.81	
OUTPATIENT SURGERY	132	301		20,031.03	66.55	.027	151.75	1.81	
PRINCIPAL SURGEON	116	139		16,306.66	117.31	.013	140.57	1.47	
ASSISTANT SURGEON	2	2		337.68	168.84	.000	168.84	.03	
ANESTHESIOLOGIST	34	160		3,386.69	21.17	.014	99.61	.31	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	134	241		4,908.80	20.37	.022	36.63	.44	
RADIOLOGY	333	588		29,429.13	50.05	.053	88.38	2.66	
PSYCHIATRY	8	8		333.25	41.66	.001	41.66	.03	
IMMUNIZATION AND INJECTION	34	90		1,208.66	13.43	.008	35.55	.11	
OTHER SERVICES/ALL X-OVERS	130	323		12,152.93	37.63	.029	93.48	1.10	
@PHARMACY	2,027	14,621	\$	332,198.34	\$ 22.72	1.321	\$ 163.89	\$ 30.02	
PRESCRIPTION DRUGS	2,007	4,218		318,883.68	75.60	.381	158.89	28.82	
SNF/ICF	11	174		10,576.61	60.79	.016	961.51	.96	
OUTPATIENTS	1,996	4,044		308,307.07	76.24	.365	154.46	27.86	
MEDICAL SUPPLIES	64	10,403		13,314.66	1.28	.940	208.04	1.20	
@DENTIST	497	2,834	\$	78,037.55	\$ 27.54	.256	\$ 157.02	\$ 7.05	
VISITS - DIAGNOSTIC	395	2,105		33,392.50	15.86	.190	84.54	3.02	
ORAL SURGERY	43	98		7,051.00	71.95	.009	163.98	.64	
DRUGS	18	22		400.00	18.18	.002	22.22	.04	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	2	2		236.00	118.00	.000	118.00	.02	
ENDODONTICS	32	64		9,060.00	141.56	.006	283.13	.82	
RESTORATIVE DENTISTRY	153	485		24,288.05	50.08	.044	158.75	2.20	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	1	1		150.00	150.00	.000	150.00	.01	
SPACE MAINTAINERS	5	7		360.00	51.43	.001	72.00	.03	
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	19	30		2,900.00	96.67	.003	152.63	.26	
ALL OTHER SERVICES	21	19		150.00	7.89	.002	7.14	.01	
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					----- MONTHLY AVERAGE -----			
11,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	119	316	\$	7,466.66	\$ 23.63	.029	\$ 62.75	\$ .67
DIAGNOSTIC AND ANC. PROCED	100	103		4,393.96	42.66	.009	43.94	.40
EYE APPLIANCES	76	212		3,035.20	14.32	.019	39.94	.27
OTHER OPTOMETRIC SERVICES	1	1		37.50	37.50	.000	37.50	.00
@CHIROPRACTOR	20	30	\$	501.60	\$ 16.72	.003	\$ 25.08	\$ .05
VISITS	20	30		501.60	16.72	.003	25.08	.05
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	9	15	\$	543.82	\$ 36.25	.001	\$ 60.42	\$ .05



MEDICINE/INJECTIONS	9	11		389.28		35.39	.001	43.25	.04
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000	34.60	.00
OTHER	1	2		119.94		59.97	.000	119.94	.01
@HOME HEALTH AGENCY	20	1,530	\$	50,047.12	\$	32.71	.138	\$ 2502.36	\$ 4.52
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	1	8	\$	119.35	\$	14.92	.001	\$ 119.35	\$ .01
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	7	12	\$	270.01	\$	22.50	.001	\$ 38.57	\$ .02
@TOTAL HOSPITAL	742	3,758	\$	520,910.78	\$	138.61	.340	\$ 702.04	\$ 47.08
HOSP INPATIENT TOTAL	66	345		438,358.89		1270.61	.031	6641.80	39.62
HSC HOSPITALS	53	279		356,593.04		1278.11	.025	6728.17	32.23
NON-HSC HOSPITAL TOTAL	13	66		81,765.85		1238.88	.006	6289.68	7.39
ACCOMMODATIONS	13	66		39,887.65		604.36	.006	3068.28	3.60
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	13	66		39,887.65		604.36	.006	3068.28	3.60
ANCILLARIES	13	0		41,878.20		.00	.000	3221.40	3.78
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	701	3,413		82,551.89		24.19	.308	117.76	7.46
MEDICAL	114	152		6,300.05		41.45	.014	55.26	.57
SURGERY	57	56		1,866.37		33.33	.005	32.74	.17
PATHOLOGY	270	1,270		14,426.14		11.36	.115	53.43	1.30
RADIOLOGY	168	244		20,161.81		82.63	.022	120.01	1.82
ROOM USE	520	677		24,755.54		36.57	.061	47.61	2.24
CROSSOVERS/ALL OTH OUTPTNT	227	1,014		15,041.98		14.83	.092	66.26	1.36
@COUNTY HOSPITAL TOTAL	3	10	\$	162.10	\$	16.21	.001	\$ 54.03	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	10	162.10	16.21	.001	54.03	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	162.10	16.21	.001	54.03	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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11,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	739	3,748	\$ 520,748.68	\$ 138.94	.339	\$ 704.67	\$ 47.06	
COMM HOSP INPATIENT TOTAL	66	345	438,358.89	1270.61	.031	6641.80	39.62	
HSC HOSPITALS	53	279	356,593.04	1278.11	.025	6728.17	32.23	
NON-HSC HOSPITALS TOTAL	13	66	81,765.85	1238.88	.006	6289.68	7.39	
ACCOMMODATIONS	13	66	39,887.65	604.36	.006	3068.28	3.60	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	13	66	39,887.65	604.36	.006	3068.28	3.60	
ANCILLARIES	13	0	41,878.20	.00	.000	3221.40	3.78	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	698	3,403	82,389.79	24.21	.308	118.04	7.45	
MEDICAL	114	152	6,300.05	41.45	.014	55.26	.57	
SURGERY	57	56	1,866.37	33.33	.005	32.74	.17	
PATHOLOGY	267	1,260	14,264.04	11.32	.114	53.42	1.29	
RADIOLOGY	168	244	20,161.81	82.63	.022	120.01	1.82	
ROOM USE	520	677	24,755.54	36.57	.061	47.61	2.24	
CROSSOVERS/ALL OTH OUTPTNT	227	1,014	15,041.98	14.83	.092	66.26	1.36	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	1	1	\$ 48.36	\$ 48.36	.000	\$ 48.36	\$ .00	
HOSPITAL BASED	1	1	48.36	48.36	.000	48.36	.00	



INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	318	800	\$ 10,785.63	\$ 13.48	.072	\$ 33.92	\$ .97
PATHOLOGY	318	800	10,785.63	13.48	.072	33.92	.97
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	650	1,129	\$ 113,471.21	\$ 100.51	.102	\$ 174.57	\$ 10.25
CLINIC	266	556	18,672.72	33.58	.050	70.20	1.69
SURGICENTER	6	44	1,226.72	27.88	.004	204.45	.11
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	394	529	93,571.77	176.88	.048	237.49	8.46

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PLACER COUNTY      SUMMARY OF SERVICES FOR      MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	11,065 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	255	12,855	\$ 34,313.66	\$ 2.67	1.162	\$ 134.56	\$ 3.10	
DURABLE MED. EQUIP.	35	85	7,680.09	90.35	.008	219.43	.69	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	55	606	12,651.91	20.88	.055	230.03	1.14	
AMBULANCES/AIR TRANS	55	601	9,022.27	15.01	.054	164.04	.82	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	4	5	3,629.64	725.93	.000	907.41	.33	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	15	15	1,575.00	105.00	.001	105.00	.14	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	80	170	2,615.80	15.39	.015	32.70	.24	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	8	27	644.97	23.89	.002	80.62	.06	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	40	248	2,377.94	9.59	.022	59.45	.21	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	32	11,704	6,767.95	.58	1.058	211.50	.61	
@CALIF. CHILDREN SERVICES*	108	5,550	\$ 282,794.83	\$ 50.95	.502	\$ 2618.47	\$ 25.56	
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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	104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	161	747	\$ 45,959.78	\$ 61.53	7.183	\$ 285.46	\$ 441.92	
@PHYSICIANS SERVICES	77	184	\$ 9,960.73	\$ 54.13	1.769	\$ 129.36	\$ 95.78	



OUTPATIENT VISITS	38	50	2,419.44	48.39	.481	63.67	23.26
OFFICE VISITS	11	14	542.84	38.77	.135	49.35	5.22
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	30	1,732.52	57.75	.288	69.30	16.66
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	144.08	24.01	.058	28.82	1.39
INPATIENT VISITS	6	14	648.08	46.29	.135	108.01	6.23
HOSPITAL VISITS	6	14	648.08	46.29	.135	108.01	6.23
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	18	1,014.17	56.34	.173	253.54	9.75
PRINCIPAL SURGEON	2	2	583.72	291.86	.019	291.86	5.61
ASSISTANT SURGEON	1	1	106.40	106.40	.010	106.40	1.02
ANESTHESIOLOGIST	2	15	324.05	21.60	.144	162.03	3.12
OUTPATIENT SURGERY	9	14	1,630.52	116.47	.135	181.17	15.68
PRINCIPAL SURGEON	9	14	1,630.52	116.47	.135	181.17	15.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	105.80	21.16	.048	35.27	1.02
RADIOLOGY	31	70	3,866.61	55.24	.673	124.73	37.18
PSYCHIATRY	1	1	32.98	32.98	.010	32.98	.32
IMMUNIZATION AND INJECTION	1	4	20.12	5.03	.038	20.12	.19
OTHER SERVICES/ALL X-OVERS	6	8	223.01	27.88	.077	37.17	2.14
@PHARMACY	23	53	\$ 7,005.75	\$ 132.18	.510	\$ 304.60	\$ 67.36
PRESCRIPTION DRUGS	23	53	7,005.75	132.18	.510	304.60	67.36
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	23	53	7,005.75	132.18	.510	304.60	67.36
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	14	104	\$ 5,194.48	\$ 49.95	1.000	\$ 371.03	\$ 49.95
VISITS - DIAGNOSTIC	10	32	307.00	9.59	.308	30.70	2.95
ORAL SURGERY	3	5	181.00	36.20	.048	60.33	1.74
DRUGS	2	1	.00	.00	.010	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	4	12	1,330.48	110.87	.115	332.62	12.79
RESTORATIVE DENTISTRY	9	54	3,376.00	62.52	.519	375.11	32.46
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
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EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	65	324	\$	18,420.15	\$	56.85	3.115	\$ 283.39
HOSP INPATIENT TOTAL	6	22		11,622.62		528.30	.212	1937.10
HSC HOSPITALS	5	15		9,107.01		607.13	.144	1821.40
NON-HSC HOSPITAL TOTAL	1	7		2,515.61		359.37	.067	2515.61
ACCOMMODATIONS	1	7		1,518.99		217.00	.067	1518.99
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	1	7		1,518.99		217.00	.067	1518.99
ANCILLARIES	1	0		996.62		.00	.000	996.62
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	60	302		6,797.53		22.51	2.904	113.29
MEDICAL	9	17		442.82		26.05	.163	49.20
SURGERY	7	9		168.66		18.74	.087	24.09
PATHOLOGY	27	119		1,157.66		9.73	1.144	42.88
RADIOLOGY	19	43		2,648.98		61.60	.413	139.42
ROOM USE	48	56		1,470.48		26.26	.538	30.64
CROSSOVERS/ALL OTH OUTPTNT	26	58		908.93		15.67	.558	34.96
@COUNTY HOSPITAL TOTAL	3	15	\$	4,081.25	\$	272.08	.144	\$ 1360.42
CO HOSPITAL INPATIENT TOTAL	1	4		3,954.00		988.50	.038	3954.00
HSC HOSPITALS	1	4		3,954.00		988.50	.038	3954.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	2	11		127.25		11.57	.106	63.63
MEDICAL	1	1		.00		.00	.010	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	2	3		10.76		3.59	.029	5.38
RADIOLOGY	1	1		25.69		25.69	.010	25.69
ROOM USE	2	3		70.76		23.59	.029	35.38
CROSSOVERS/ALL OTH OUTPTNT	1	3		20.04		6.68	.029	20.04

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104 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

----- MONTHLY AVERAGE -----

UNITS/DAYS      COST PER

COST PER



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	62	309	\$	14,338.90	\$ 46.40	2.971	\$ 231.27	\$ 137.87
COMM HOSP INPATIENT TOTAL	5	18		7,668.62	426.03	.173	1533.72	73.74
HSC HOSPITALS	4	11		5,153.01	468.46	.106	1288.25	49.55
NON-HSC HOSPITALS TOTAL	1	7		2,515.61	359.37	.067	2515.61	24.19
ACCOMMODATIONS	1	7		1,518.99	217.00	.067	1518.99	14.61
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7		1,518.99	217.00	.067	1518.99	14.61
ANCILLARIES	1	0		996.62	.00	.000	996.62	9.58
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	58	291		6,670.28	22.92	2.798	115.00	64.14
MEDICAL	8	16		442.82	27.68	.154	55.35	4.26
SURGERY	7	9		168.66	18.74	.087	24.09	1.62
PATHOLOGY	25	116		1,146.90	9.89	1.115	45.88	11.03
RADIOLOGY	18	42		2,623.29	62.46	.404	145.74	25.22
ROOM USE	46	53		1,399.72	26.41	.510	30.43	13.46
CROSSOVERS/ALL OTH OUTPTNT	25	55		888.89	16.16	.529	35.56	8.55
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00



ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	18	\$	397.20	\$ 22.07	.173	\$ 44.13	\$ 3.82
PATHOLOGY	9	18		397.20	22.07	.173	44.13	3.82
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	10	29	\$	2,315.39	\$ 79.84	.279	\$ 231.54	\$ 22.26
CLINIC	2	13		420.08	32.31	.125	210.04	4.04
SURGICENTER	1	7		201.21	28.74	.067	201.21	1.93
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	9		1,694.10	188.23	.087	242.01	16.29

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PLACER COUNTY      SUMMARY OF SERVICES FOR MIC - SOC      AID CODE 83

	104 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	35	\$	2,666.08	\$ 76.17	.337	\$ 1333.04	\$ 25.64
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	35		2,666.08	76.17	.337	1333.04	25.64
AMBULANCES/AIR TRANS	2	34		900.64	26.49	.327	450.32	8.66
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,765.44	1765.44	.010	1765.44	16.98
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	4	\$	3,954.00	\$ 988.50	.038	\$ 3954.00	\$ 38.02
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



## PLACER COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

11,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,729	42,889	\$ 1,400,694.43	\$ 32.66	3.840	\$ 296.19	\$ 125.41
@PHYSICIANS SERVICES	1,792	4,417	\$ 215,981.29	\$ 48.90	.395	\$ 120.53	\$ 19.34
OUTPATIENT VISITS	1,423	1,917	74,299.01	38.76	.172	52.21	6.65
OFFICE VISITS	932	1,178	38,630.14	32.79	.105	41.45	3.46
HOME VISITS	11	11	402.27	36.57	.001	36.57	.04
EMERGENCY ROOM	361	412	21,680.08	52.62	.037	60.06	1.94
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	78	156	9,181.74	58.86	.014	117.71	.82
OTHER OUTPATIENT	144	160	4,404.78	27.53	.014	30.59	.39
INPATIENT VISITS	97	418	27,369.85	65.48	.037	282.16	2.45
HOSPITAL VISITS	96	364	19,034.68	52.29	.033	198.28	1.70
CRITICAL CARE	11	54	8,335.17	154.36	.005	757.74	.75
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	9	345.42	38.38	.001	38.38	.03
EXAMINATIONS	9	9	345.42	38.38	.001	38.38	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	420	40,024.17	95.30	.038	588.59	3.58
PRINCIPAL SURGEON	42	54	29,819.07	552.21	.005	709.98	2.67
ASSISTANT SURGEON	4	4	864.75	216.19	.000	216.19	.08
ANESTHESIOLOGIST	36	362	9,340.35	25.80	.032	259.45	.84
OUTPATIENT SURGERY	141	315	21,661.55	68.77	.028	153.63	1.94
PRINCIPAL SURGEON	125	153	17,937.18	117.24	.014	143.50	1.61
ASSISTANT SURGEON	2	2	337.68	168.84	.000	168.84	.03
ANESTHESIOLOGIST	34	160	3,386.69	21.17	.014	99.61	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	137	246	5,014.60	20.38	.022	36.60	.45
RADIOLOGY	364	658	33,295.74	50.60	.059	91.47	2.98
PSYCHIATRY	9	9	366.23	40.69	.001	40.69	.03
IMMUNIZATION AND INJECTION	35	94	1,228.78	13.07	.008	35.11	.11
OTHER SERVICES/ALL X-OVERS	136	331	12,375.94	37.39	.030	91.00	1.11
@PHARMACY	2,050	14,674	\$ 339,204.09	\$ 23.12	1.314	\$ 165.47	\$ 30.37
PRESCRIPTION DRUGS	2,030	4,271	325,889.43	76.30	.382	160.54	29.18
SNF/ICF	11	174	10,576.61	60.79	.016	961.51	.95
OUTPATIENTS	2,019	4,097	315,312.82	76.96	.367	156.17	28.23
MEDICAL SUPPLIES	64	10,403	13,314.66	1.28	.931	208.04	1.19
@DENTIST	511	2,938	\$ 83,232.03	\$ 28.33	.263	\$ 162.88	\$ 7.45
VISITS - DIAGNOSTIC	405	2,137	33,699.50	15.77	.191	83.21	3.02
ORAL SURGERY	46	103	7,232.00	70.21	.009	157.22	.65
DRUGS	20	23	400.00	17.39	.002	20.00	.04
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	.000	118.00	.02
ENDODONTICS	36	76	10,390.48	136.72	.007	288.62	.93
RESTORATIVE DENTISTRY	162	539	27,664.05	51.32	.048	170.77	2.48
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	150.00	150.00	.000	150.00	.01
SPACE MAINTAINERS	5	7	360.00	51.43	.001	72.00	.03
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	19	30	2,900.00	96.67	.003	152.63	.26
ALL OTHER SERVICES	21	19	150.00	7.89	.002	7.14	.01



## PLACER COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

11,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	119	316	\$ 7,466.66	\$ 23.63	.028	\$ 62.75	\$ .67
DIAGNOSTIC AND ANC. PROCED	100	103	4,393.96	42.66	.009	43.94	.39
EYE APPLIANCES	76	212	3,035.20	14.32	.019	39.94	.27
OTHER OPTOMETRIC SERVICES	1	1	37.50	37.50	.000	37.50	.00
@CHIROPRACTOR	20	30	\$ 501.60	\$ 16.72	.003	\$ 25.08	\$ .04
VISITS	20	30	501.60	16.72	.003	25.08	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	15	\$ 543.82	\$ 36.25	.001	\$ 60.42	\$ .05
MEDICINE/INJECTIONS	9	11	389.28	35.39	.001	43.25	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	1	2	119.94	59.97	.000	119.94	.01
@HOME HEALTH AGENCY	20	1,530	\$ 50,047.12	\$ 32.71	.137	\$ 2502.36	\$ 4.48
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	1	8	\$ 119.35	\$ 14.92	.001	\$ 119.35	\$ .01
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	7	12	\$ 270.01	\$ 22.50	.001	\$ 38.57	\$ .02
@TOTAL HOSPITAL	807	4,082	\$ 539,330.93	\$ 132.12	.365	\$ 668.32	\$ 48.29
HOSP INPATIENT TOTAL	72	367	449,981.51	1226.11	.033	6249.74	40.29
HSC HOSPITALS	58	294	365,700.05	1243.88	.026	6305.17	32.74
NON-HSC HOSPITAL TOTAL	14	73	84,281.46	1154.54	.007	6020.10	7.55
ACCOMMODATIONS	14	73	41,406.64	567.21	.007	2957.62	3.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	73	41,406.64	567.21	.007	2957.62	3.71
ANCILLARIES	14	0	42,874.82	.00	.000	3062.49	3.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	761	3,715	89,349.42	24.05	.333	117.41	8.00
MEDICAL	123	169	6,742.87	39.90	.015	54.82	.60
SURGERY	64	65	2,035.03	31.31	.006	31.80	.18
PATHOLOGY	297	1,389	15,583.80	11.22	.124	52.47	1.40
RADIOLOGY	187	287	22,810.79	79.48	.026	121.98	2.04
ROOM USE	568	733	26,226.02	35.78	.066	46.17	2.35
CROSSOVERS/ALL OTH OUTPTNT	253	1,072	15,950.91	14.88	.096	63.05	1.43
@COUNTY HOSPITAL TOTAL	6	25	\$ 4,243.35	\$ 169.73	.002	\$ 707.23	\$ .38
CO HOSPITAL INPATIENT TOTAL	1	4	3,954.00	988.50	.000	3954.00	.35
HSC HOSPITALS	1	4	3,954.00	988.50	.000	3954.00	.35
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	21	289.35	13.78	.002	57.87	.03
MEDICAL	1	1	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	13	172.86	13.30	.001	34.57	.02
RADIOLOGY	1	1	25.69	25.69	.000	25.69	.00
ROOM USE	2	3	70.76	23.59	.000	35.38	.01



	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
11,169 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	801	4,057	\$ 535,087.58	\$ 131.89	.363	\$ 668.02	\$ 47.91
COMM HOSP INPATIENT TOTAL	71	363	446,027.51	1228.73	.033	6282.08	39.93
HSC HOSPITALS	57	290	361,746.05	1247.40	.026	6346.42	32.39
NON-HSC HOSPITALS TOTAL	14	73	84,281.46	1154.54	.007	6020.10	7.55
ACCOMMODATIONS	14	73	41,406.64	567.21	.007	2957.62	3.71
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	14	73	41,406.64	567.21	.007	2957.62	3.71
ANCILLARIES	14	0	42,874.82	.00	.000	3062.49	3.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	756	3,694	89,060.07	24.11	.331	117.80	7.97
MEDICAL	122	168	6,742.87	40.14	.015	55.27	.60
SURGERY	64	65	2,035.03	31.31	.006	31.80	.18
PATHOLOGY	292	1,376	15,410.94	11.20	.123	52.78	1.38
RADIOLOGY	186	286	22,785.10	79.67	.026	122.50	2.04
ROOM USE	566	730	26,155.26	35.83	.065	46.21	2.34
CROSSOVERS/ALL OTH OUTPTNT	252	1,069	15,930.87	14.90	.096	63.22	1.43
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 48.36	\$ 48.36	.000	\$ 48.36	\$ .00
HOSPITAL BASED	1	1	48.36	48.36	.000	48.36	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	327	818	\$ 11,182.83	\$ 13.67	.073	\$ 34.20	\$ 1.00
PATHOLOGY	327	818	11,182.83	13.67	.073	34.20	1.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	660	1,158	\$ 115,786.60	\$ 99.99	.104	\$ 175.43	\$ 10.37
CLINIC	268	569	19,092.80	33.56	.051	71.24	1.71
SURGICENTER	7	51	1,427.93	28.00	.005	203.99	.13
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	401	538	95,265.87	177.07	.048	237.57	8.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,784
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						



11,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	257	12,890	\$ 36,979.74	\$ 2.87	1.154	\$ 143.89	\$ 3.31
DURABLE MED. EQUIP.	35	85	7,680.09	90.35	.008	219.43	.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	57	641	15,317.99	23.90	.057	268.74	1.37
AMBULANCES/AIR TRANS	57	635	9,922.91	15.63	.057	174.09	.89
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	6	5,395.08	899.18	.001	1079.02	.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	15	15	1,575.00	105.00	.001	105.00	.14
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	170	2,615.80	15.39	.015	32.70	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	27	644.97	23.89	.002	80.62	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	40	248	2,377.94	9.59	.022	59.45	.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	11,704	6,767.95	.58	1.048	211.50	.61
@CALIF. CHILDREN SERVICES*	109	5,554	\$ 286,748.83	\$ 51.63	.497	\$ 2630.72	\$ 25.67



@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,785

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	35	\$ 5,272.51	\$ 150.64	17.500	\$ 878.75	\$ 2636.26
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	3	19	\$ 5,052.03	\$ 265.90	9.500	\$ 1684.01	\$ 2526.02
PRESCRIPTION DRUGS	3	19	5,052.03	265.90	9.500	1684.01	2526.02
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	19	5,052.03	265.90	9.500	1684.01	2526.02
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00



MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,786  
 MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00



CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,787  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	14	\$ 144.34	\$ 10.31	7.000	\$ 144.34	\$ 72.17
PATHOLOGY	1	14	144.34	10.31	7.000	144.34	72.17
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 76.14	\$ 38.07	1.000	\$ 38.07	\$ 38.07
CLINIC	2	2	76.14	38.07	1.000	38.07	38.07



SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,788  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,789
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT	AID CODE 86

426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	497	2,926	\$ 326,582.85	\$ 111.61	6.869	\$ 657.11	\$ 766.63
@PHYSICIANS SERVICES	295	887	\$ 69,471.18	\$ 78.32	2.082	\$ 235.50	\$ 163.08
OUTPATIENT VISITS	159	236	15,004.26	63.58	.554	94.37	35.22
OFFICE VISITS	50	63	2,877.65	45.68	.148	57.55	6.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	45	2,848.30	63.30	.106	81.38	6.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	84	126	9,210.06	73.10	.296	109.64	21.62



OTHER OUTPATIENT	2	2	68.25	34.13	.005	34.13	.16
INPATIENT VISITS	38	116	9,019.10	77.75	.272	237.34	21.17
HOSPITAL VISITS	38	80	3,447.18	43.09	.188	90.72	8.09
CRITICAL CARE	3	36	5,571.92	154.78	.085	1857.31	13.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	53	241	32,256.28	133.84	.566	608.61	75.72
PRINCIPAL SURGEON	31	33	25,493.41	772.53	.077	822.37	59.84
ASSISTANT SURGEON	12	12	2,144.76	178.73	.028	178.73	5.03
ANESTHESIOLOGIST	23	196	4,618.11	23.56	.460	200.79	10.84
OUTPATIENT SURGERY	25	50	2,966.17	59.32	.117	118.65	6.96
PRINCIPAL SURGEON	24	35	2,499.57	71.42	.082	104.15	5.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	15	466.60	31.11	.035	77.77	1.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	49	892.37	18.21	.115	30.77	2.09
RADIOLOGY	107	134	7,338.16	54.76	.315	68.58	17.23
PSYCHIATRY	1	1	32.98	32.98	.002	32.98	.08
IMMUNIZATION AND INJECTION	13	30	763.91	25.46	.070	58.76	1.79
OTHER SERVICES/ALL X-OVERS	21	30	1,197.95	39.93	.070	57.05	2.81
@PHARMACY	136	356	\$ 16,385.47	\$ 46.03	.836	\$ 120.48	\$ 38.46
PRESCRIPTION DRUGS	132	318	13,866.69	43.61	.746	105.05	32.55
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	132	318	13,866.69	43.61	.746	105.05	32.55
MEDICAL SUPPLIES	16	38	2,518.78	66.28	.089	157.42	5.91
@DENTIST	24	76	\$ 2,970.00	\$ 39.08	.178	\$ 123.75	\$ 6.97
VISITS - DIAGNOSTIC	18	48	1,020.00	21.25	.113	56.67	2.39
ORAL SURGERY	3	3	215.00	71.67	.007	71.67	.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00



PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	760.00	253.33	.007	760.00	1.78
RESTORATIVE DENTISTRY	6	20	875.00	43.75	.047	145.83	2.05
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	100.00	50.00	.005	50.00	.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,790  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	16 \$	361.20	\$ 22.58	.038	\$ 90.30	\$ .85
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.009	47.45	.45
EYE APPLIANCES	4	12	171.40	14.28	.028	42.85	.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2 \$	104.99	\$ 52.50	.005	\$ 104.99	\$ .25
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	2	12 \$	1,610.25	\$ 134.19	.028	\$ 805.13	\$ 3.78
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	174	1,028 \$	215,082.17	\$ 209.22	2.413	\$ 1236.10	\$ 504.89
HOSP INPATIENT TOTAL	37	154	196,047.70	1273.04	.362	5298.59	460.21
HSC HOSPITALS	28	112	149,074.39	1331.02	.263	5324.09	349.94
NON-HSC HOSPITAL TOTAL	9	42	46,973.31	1118.41	.099	5219.26	110.27
ACCOMMODATIONS	9	42	19,631.48	467.42	.099	2181.28	46.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	19,631.48	467.42	.099	2181.28	46.08
ANCILLARIES	9	0	27,341.83	.00	.000	3037.98	64.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	156	874	19,034.47	21.78	2.052	122.02	44.68
MEDICAL	16	21	886.86	42.23	.049	55.43	2.08
SURGERY	24	48	1,248.05	26.00	.113	52.00	2.93
PATHOLOGY	98	455	5,915.93	13.00	1.068	60.37	13.89
RADIOLOGY	31	41	3,057.61	74.58	.096	98.63	7.18
ROOM USE	82	123	4,982.99	40.51	.289	60.77	11.70
CROSSOVERS/ALL OTH OUTPTNT	67	186	2,943.03	15.82	.437	43.93	6.91
@COUNTY HOSPITAL TOTAL	4	43 \$	1,256.78	\$ 29.23	.101	\$ 314.20	\$ 2.95
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	43	1,256.78	29.23	.101	314.20	2.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	4	122.40	30.60	.009	40.80	.29
PATHOLOGY	2	14	331.99	23.71	.033	166.00	.78
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	9	563.57	62.62	.021	187.86	1.32
CROSSOVERS/ALL OTH OUTPTNT	4	16	238.82	14.93	.038	59.71	.56

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PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	170	985	\$ 213,825.39	\$ 217.08	2.312	\$ 1257.80	\$ 501.94
COMM HOSP INPATIENT TOTAL	37	154	196,047.70	1273.04	.362	5298.59	460.21
HSC HOSPITALS	28	112	149,074.39	1331.02	.263	5324.09	349.94
NON-HSC HOSPITALS TOTAL	9	42	46,973.31	1118.41	.099	5219.26	110.27
ACCOMMODATIONS	9	42	19,631.48	467.42	.099	2181.28	46.08
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	19,631.48	467.42	.099	2181.28	46.08
ANCILLARIES	9	0	27,341.83	.00	.000	3037.98	64.18
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	152	831	17,777.69	21.39	1.951	116.96	41.73
MEDICAL	16	21	886.86	42.23	.049	55.43	2.08
SURGERY	21	44	1,125.65	25.58	.103	53.60	2.64
PATHOLOGY	96	441	5,583.94	12.66	1.035	58.17	13.11
RADIOLOGY	31	41	3,057.61	74.58	.096	98.63	7.18
ROOM USE	79	114	4,419.42	38.77	.268	55.94	10.37
CROSSOVERS/ALL OTH OUTPTNT	63	170	2,704.21	15.91	.399	42.92	6.35
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	118	300	\$ 4,916.93	\$ 16.39	.704	\$ 41.67	\$ 11.54
PATHOLOGY	118	300	4,916.93	16.39	.704	41.67	11.54
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	41	122	\$ 11,565.33	\$ 94.80	.286	\$ 282.08	\$ 27.15
CLINIC	22	74	3,002.30	40.57	.174	136.47	7.05
SURGICENTER	1	8	242.01	30.25	.019	242.01	.57
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	40	8,321.02	208.03	.094	437.95	19.53

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,792  
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PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

426 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	127	\$ 4,115.33	\$ 32.40	.298	\$ 117.58	\$ 9.66
DURABLE MED. EQUIP.	1	2	37.74	18.87	.005	37.74	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	88	1,487.40	16.90	.207	185.93	3.49
AMBULANCES/AIR TRANS	8	87	1,477.52	16.98	.204	184.69	3.47
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	9.88	9.88	.002	9.88	.02
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.049	105.00	5.18
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	35.76	8.94	.009	17.88	.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	116.42	38.81	.007	58.21	.27
PROSTHETICS	2	3	116.42	38.81	.007	58.21	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	9	233.01	25.89	.021	116.51	.55
@CALIF. CHILDREN SERVICES*	2	23	\$ 25,657.94	\$ 1115.56	.054	\$ 12828.97	\$ 60.23
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,793
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL	

428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	503	2,961	\$ 331,855.36	\$ 112.08	6.918	\$ 659.75	\$ 775.36
@PHYSICIANS SERVICES	295	887	\$ 69,471.18	\$ 78.32	2.072	\$ 235.50	\$ 162.32



OUTPATIENT VISITS	159	236	15,004.26	63.58	.551	94.37	35.06
OFFICE VISITS	50	63	2,877.65	45.68	.147	57.55	6.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	35	45	2,848.30	63.30	.105	81.38	6.65
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	84	126	9,210.06	73.10	.294	109.64	21.52
OTHER OUTPATIENT	2	2	68.25	34.13	.005	34.13	.16
INPATIENT VISITS	38	116	9,019.10	77.75	.271	237.34	21.07
HOSPITAL VISITS	38	80	3,447.18	43.09	.187	90.72	8.05
CRITICAL CARE	3	36	5,571.92	154.78	.084	1857.31	13.02
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	53	241	32,256.28	133.84	.563	608.61	75.37
PRINCIPAL SURGEON	31	33	25,493.41	772.53	.077	822.37	59.56
ASSISTANT SURGEON	12	12	2,144.76	178.73	.028	178.73	5.01
ANESTHESIOLOGIST	23	196	4,618.11	23.56	.458	200.79	10.79
OUTPATIENT SURGERY	25	50	2,966.17	59.32	.117	118.65	6.93
PRINCIPAL SURGEON	24	35	2,499.57	71.42	.082	104.15	5.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	15	466.60	31.11	.035	77.77	1.09
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	49	892.37	18.21	.114	30.77	2.08
RADIOLOGY	107	134	7,338.16	54.76	.313	68.58	17.15
PSYCHIATRY	1	1	32.98	32.98	.002	32.98	.08
IMMUNIZATION AND INJECTION	13	30	763.91	25.46	.070	58.76	1.78
OTHER SERVICES/ALL X-OVERS	21	30	1,197.95	39.93	.070	57.05	2.80
@PHARMACY	139	375	21,437.50	57.17	.876	154.23	50.09
PRESCRIPTION DRUGS	135	337	18,918.72	56.14	.787	140.14	44.20
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	135	337	18,918.72	56.14	.787	140.14	44.20
MEDICAL SUPPLIES	16	38	2,518.78	66.28	.089	157.42	5.89
@DENTIST	24	76	2,970.00	39.08	.178	123.75	6.94
VISITS - DIAGNOSTIC	18	48	1,020.00	21.25	.112	56.67	2.38
ORAL SURGERY	3	3	215.00	71.67	.007	71.67	.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	760.00	253.33	.007	760.00	1.78
RESTORATIVE DENTISTRY	6	20	875.00	43.75	.047	145.83	2.04
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	100.00	50.00	.005	50.00	.23
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,794  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	4	16	\$ 361.20	\$ 22.58	.037	\$ 90.30	\$ .84
DIAGNOSTIC AND ANC. PROCED	4	4	4	189.80	47.45	.009	47.45	.44



EYE APPLIANCES	4	12		171.40		14.28	.028	42.85	.40
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.005	\$ 104.99	\$ .25
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	2	12	\$	1,610.25	\$	134.19	.028	\$ 805.13	\$ 3.76
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	174	1,028	\$	215,082.17	\$	209.22	2.402	\$ 1236.10	\$ 502.53
HOSP INPATIENT TOTAL	37	154		196,047.70		1273.04	.360	5298.59	458.06
HSC HOSPITALS	28	112		149,074.39		1331.02	.262	5324.09	348.30
NON-HSC HOSPITAL TOTAL	9	42		46,973.31		1118.41	.098	5219.26	109.75
ACCOMMODATIONS	9	42		19,631.48		467.42	.098	2181.28	45.87
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	9	42		19,631.48		467.42	.098	2181.28	45.87
ANCILLARIES	9	0		27,341.83		.00	.000	3037.98	63.88
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	156	874		19,034.47		21.78	2.042	122.02	44.47
MEDICAL	16	21		886.86		42.23	.049	55.43	2.07
SURGERY	24	48		1,248.05		26.00	.112	52.00	2.92
PATHOLOGY	98	455		5,915.93		13.00	1.063	60.37	13.82
RADIOLOGY	31	41		3,057.61		74.58	.096	98.63	7.14
ROOM USE	82	123		4,982.99		40.51	.287	60.77	11.64



CROSSOVERS/ALL OTH OUTPTNT	67	186		2,943.03	15.82	.435	43.93	6.88
@COUNTY HOSPITAL TOTAL	4	43	\$	1,256.78	\$ 29.23	.100	\$ 314.20	\$ 2.94
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	43		1,256.78	29.23	.100	314.20	2.94
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	3	4		122.40	30.60	.009	40.80	.29
PATHOLOGY	2	14		331.99	23.71	.033	166.00	.78
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	9		563.57	62.62	.021	187.86	1.32
CROSSOVERS/ALL OTH OUTPTNT	4	16		238.82	14.93	.037	59.71	.56

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PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

	428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	170		985	\$ 213,825.39	\$ 217.08	2.301	\$ 1257.80	\$ 499.59
COMM HOSP INPATIENT TOTAL	37		154	196,047.70	1273.04	.360	5298.59	458.06
HSC HOSPITALS	28		112	149,074.39	1331.02	.262	5324.09	348.30
NON-HSC HOSPITALS TOTAL	9		42	46,973.31	1118.41	.098	5219.26	109.75
ACCOMMODATIONS	9		42	19,631.48	467.42	.098	2181.28	45.87
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9		42	19,631.48	467.42	.098	2181.28	45.87
ANCILLARIES	9		0	27,341.83	.00	.000	3037.98	63.88
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	152		831	17,777.69	21.39	1.942	116.96	41.54
MEDICAL	16		21	886.86	42.23	.049	55.43	2.07
SURGERY	21		44	1,125.65	25.58	.103	53.60	2.63
PATHOLOGY	96		441	5,583.94	12.66	1.030	58.17	13.05
RADIOLOGY	31		41	3,057.61	74.58	.096	98.63	7.14
ROOM USE	79		114	4,419.42	38.77	.266	55.94	10.33
CROSSOVERS/ALL OTH OUTPTNT	63		170	2,704.21	15.91	.397	42.92	6.32
@STATE HOSPITAL	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	0		0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00



ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	119	314	\$	5,061.27	\$	.734	\$	42.53
PATHOLOGY	119	314		5,061.27		.734		42.53
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	43	124	\$	11,641.47	\$	.290	\$	270.73
CLINIC	24	76		3,078.44		.178		128.27
SURGICENTER	1	8		242.01		.019		242.01
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	40		8,321.02		.093		437.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,796	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL							

	428 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	35	127	\$	4,115.33	\$ 32.40	.297	\$ 117.58	\$ 9.62
DURABLE MED. EQUIP.	1	2		37.74	18.87	.005	37.74	.09
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	88		1,487.40	16.90	.206	185.93	3.48
AMBULANCES/AIR TRANS	8	87		1,477.52	16.98	.203	184.69	3.45
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		9.88	9.88	.002	9.88	.02
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21		2,205.00	105.00	.049	105.00	5.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	4		35.76	8.94	.009	17.88	.08
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3		116.42	38.81	.007	58.21	.27
PROSTHETICS	2	3		116.42	38.81	.007	58.21	.27
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	9		233.01	25.89	.021	116.51	.54
@CALIF. CHILDREN SERVICES*	2	23	\$	25,657.94	\$ 1115.56	.054	\$ 12828.97	\$ 59.95
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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## PLACER COUNTY

## SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	28	562	\$ 47,015.97	\$ 83.66	31.222	\$ 1679.14	\$ 2612.00	
@PHYSICIANS SERVICES	8	17	\$ 697.74	\$ 41.04	.944	\$ 87.22	\$ 38.76	
OUTPATIENT VISITS	3	3	245.33	81.78	.167	81.78	13.63	
OFFICE VISITS	1	1	68.90	68.90	.056	68.90	3.83	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	2	2	176.43	88.22	.111	88.22	9.80	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	5	9	266.90	29.66	.500	53.38	14.83	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	5	9	266.90	29.66	.500	53.38	14.83	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	2	3	125.02	41.67	.167	62.51	6.95	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	2	60.49	30.25	.111	60.49	3.36	
@PHARMACY	15	64	\$ 3,592.70	\$ 56.14	3.556	\$ 239.51	\$ 199.59	
PRESCRIPTION DRUGS	15	64	3,592.70	56.14	3.556	239.51	199.59	
SNF/ICF	11	56	1,693.30	30.24	3.111	153.94	94.07	
OUTPATIENTS	4	8	1,899.40	237.43	.444	474.85	105.52	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	2	4	\$ 130.00	\$ 32.50	.222	\$ 65.00	\$ 7.22	
VISITS - DIAGNOSTIC	2	4	130.00	32.50	.222	65.00	7.22	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	



## PLACER COUNTY

## SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	4	11	\$ 37.96	\$ 3.45	.611	\$ 9.49	\$ 2.11
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	11	37.96	3.45	.611	9.49	2.11
MEDICAL	1	1	.00	.00	.056	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	37.96	5.42	.389	9.49	2.11
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	.00	.00	.056	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	.00	.00	.111	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00



18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	11	\$ 37.96	\$ 3.45	.611	\$ 9.49	\$ 2.11
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	11	37.96	3.45	.611	9.49	2.11
MEDICAL	1	1	.00	.00	.056	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	7	37.96	5.42	.389	9.49	2.11
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	.00	.00	.056	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	.00	.00	.111	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	231	\$ 22,995.02	\$ 99.55	12.833	\$ 7665.01	\$ 1277.50
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	3	231		22,995.02	99.55	12.833	7665.01	1277.50	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	2	11	\$	70.52	\$ 6.41	.611	\$ 35.26	\$ 3.92	
PATHOLOGY	2	11		70.52	6.41	.611	35.26	3.92	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,800
MPO24	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC								AID CODE 53

18 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	13	224	\$ 19,492.03	\$ 87.02	12.444	\$ 1499.39	\$ 1082.89
DURABLE MED. EQUIP.	3	5	333.47	66.69	.278	111.16	18.53
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	85	2,635.72	31.01	4.722	658.93	146.43
AMBULANCES/AIR TRANS	3	27	670.50	24.83	1.500	223.50	37.25
OTHER TRANS	3	57	165.22	2.90	3.167	55.07	9.18
OTHER SERVICES	1	1	1,800.00	1800.00	.056	1800.00	100.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.111	38.68	2.15
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6	132	16,484.16	124.88	7.333	2747.36	915.79
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,801

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT

AID CODE 87

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	18	55	\$ 4,211.88	\$ 76.58	6.111	\$ 233.99	\$ 467.99
@PHYSICIANS SERVICES	9	20	\$ 3,405.98	\$ 170.30	2.222	\$ 378.44	\$ 378.44
OUTPATIENT VISITS	5	6	338.50	56.42	.667	67.70	37.61
OFFICE VISITS	3	3	130.70	43.57	.333	43.57	14.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.222	76.34	16.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.111	55.12	6.12
INPATIENT VISITS	2	6	226.80	37.80	.667	113.40	25.20
HOSPITAL VISITS	2	6	226.80	37.80	.667	113.40	25.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	5	2,769.39	553.88	.556	923.13	307.71
PRINCIPAL SURGEON	3	5	2,769.39	553.88	.556	923.13	307.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3	71.29	23.76	.333	35.65	7.92
@PHARMACY	3	4	\$ 60.53	\$ 15.13	.444	\$ 20.18	\$ 6.73
PRESCRIPTION DRUGS	3	4	60.53	15.13	.444	20.18	6.73
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	4	60.53	15.13	.444	20.18	6.73
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00



MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,802  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	10	28	\$ 573.17	\$ 20.47	3.111	\$ 57.32	\$ 63.69	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	10	28	573.17	20.47	3.111	57.32	63.69	
MEDICAL	2	2	23.95	11.98	.222	11.98	2.66	
SURGERY	1	1	13.88	13.88	.111	13.88	1.54	
PATHOLOGY	1	4	29.16	7.29	.444	29.16	3.24	
RADIOLOGY	2	2	111.71	55.86	.222	55.86	12.41	
ROOM USE	8	9	267.05	29.67	1.000	33.38	29.67	
CROSSOVERS/ALL OTH OUTPTNT	4	10	127.42	12.74	1.111	31.86	14.16	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	



CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,803  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	28	\$ 573.17	\$ 20.47	3.111	\$ 57.32	\$ 63.69
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	28	573.17	20.47	3.111	57.32	63.69
MEDICAL	2	2	23.95	11.98	.222	11.98	2.66
SURGERY	1	1	13.88	13.88	.111	13.88	1.54
PATHOLOGY	1	4	29.16	7.29	.444	29.16	3.24
RADIOLOGY	2	2	111.71	55.86	.222	55.86	12.41
ROOM USE	8	9	267.05	29.67	1.000	33.38	29.67
CROSSOVERS/ALL OTH OUTPTNT	4	10	127.42	12.74	1.111	31.86	14.16
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00



SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,804  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 172.20	\$ 57.40	.333	\$ 86.10	\$ 19.13
DURABLE MED. EQUIP.	2	3	172.20	57.40	.333	86.10	19.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00



LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,805
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - TOTAL	

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	46	617	\$ 51,227.85	\$ 83.03	22.852	\$ 1113.65	\$ 1897.33
@PHYSICIANS SERVICES	17	37	\$ 4,103.72	\$ 110.91	1.370	\$ 241.40	\$ 151.99
OUTPATIENT VISITS	8	9	583.83	64.87	.333	72.98	21.62
OFFICE VISITS	4	4	199.60	49.90	.148	49.90	7.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	329.11	82.28	.148	82.28	12.19
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.037	55.12	2.04
INPATIENT VISITS	7	15	493.70	32.91	.556	70.53	18.29
HOSPITAL VISITS	2	6	226.80	37.80	.222	113.40	8.40
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	9	266.90	29.66	.333	53.38	9.89
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	5	2,769.39	553.88	.185	923.13	102.57
PRINCIPAL SURGEON	3	5	2,769.39	553.88	.185	923.13	102.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	125.02	41.67	.111	62.51	4.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	131.78	26.36	.185	43.93	4.88
@PHARMACY	18	68	\$ 3,653.23	\$ 53.72	2.519	\$ 202.96	\$ 135.30
PRESCRIPTION DRUGS	18	68	3,653.23	53.72	2.519	202.96	135.30
SNF/ICF	11	56	1,693.30	30.24	2.074	153.94	62.71
OUTPATIENTS	7	12	1,959.93	163.33	.444	279.99	72.59
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	2	4	\$ 130.00	\$ 32.50	.148	\$ 65.00	\$ 4.81
VISITS - DIAGNOSTIC	2	4	130.00	32.50	.148	65.00	4.81
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00



PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,806  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00		.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00		.00
@TOTAL HOSPITAL	14	39	\$ 611.13	\$ 15.67	1.444	\$ 43.65	\$	22.63
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	14	39	611.13	15.67	1.444	43.65		22.63
MEDICAL	3	3	23.95	7.98	.111	7.98		.89
SURGERY	1	1	13.88	13.88	.037	13.88		.51
PATHOLOGY	5	11	67.12	6.10	.407	13.42		2.49
RADIOLOGY	2	2	111.71	55.86	.074	55.86		4.14
ROOM USE	9	10	267.05	26.71	.370	29.67		9.89
CROSSOVERS/ALL OTH OUTPTNT	5	12	127.42	10.62	.444	25.48		4.72
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,807  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	39	\$ 611.13	\$ 15.67	1.444	\$ 43.65	\$ 22.63
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	14	39	611.13	15.67	1.444	43.65	22.63
MEDICAL	3	3	23.95	7.98	.111	7.98	.89
SURGERY	1	1	13.88	13.88	.037	13.88	.51
PATHOLOGY	5	11	67.12	6.10	.407	13.42	2.49
RADIOLOGY	2	2	111.71	55.86	.074	55.86	4.14
ROOM USE	9	10	267.05	26.71	.370	29.67	9.89
CROSSOVERS/ALL OTH OUTPTNT	5	12	127.42	10.62	.444	25.48	4.72
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	231	\$ 22,995.02	\$ 99.55	8.556	\$ 7665.01	\$ 851.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	231	22,995.02	99.55	8.556	7665.01	851.67
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00



INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	11	\$	70.52	\$ 6.41	.407	\$ 35.26	\$ 2.61
PATHOLOGY	2	11		70.52	6.41	.407	35.26	2.61
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,808  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

	27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15		227	\$ 19,664.23	\$ 86.63	8.407	\$ 1310.95	\$ 728.30
DURABLE MED. EQUIP.	5		8	505.67	63.21	.296	101.13	18.73
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4		85	2,635.72	31.01	3.148	658.93	97.62
AMBULANCES/AIR TRANS	3		27	670.50	24.83	1.000	223.50	24.83
OTHER TRANS	3		57	165.22	2.90	2.111	55.07	6.12
OTHER SERVICES	1		1	1,800.00	1800.00	.037	1800.00	66.67
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	0		0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1		2	38.68	19.34	.074	38.68	1.43
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	.00
PROSTHETICS	0		0	.00	.00	.000	.00	.00
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6		132	16,484.16	124.88	4.889	2747.36	610.52
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0		0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,809
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE	

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0		0	.00	.00	.000	.00	.00



OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00



MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,810  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00



CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,811  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00



ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,812  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR FOR FUTURE USE

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



## PLACER COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

455 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	549	3,578	\$ 383,083.21	\$ 107.07	7.864	\$ 697.78	\$ 841.94
@PHYSICIANS SERVICES	312	924	\$ 73,574.90	\$ 79.63	2.031	\$ 235.82	\$ 161.70
OUTPATIENT VISITS	167	245	15,588.09	63.62	.538	93.34	34.26
OFFICE VISITS	54	67	3,077.25	45.93	.147	56.99	6.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	39	49	3,177.41	64.85	.108	81.47	6.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	84	126	9,210.06	73.10	.277	109.64	20.24
OTHER OUTPATIENT	3	3	123.37	41.12	.007	41.12	.27
INPATIENT VISITS	45	131	9,512.80	72.62	.288	211.40	20.91
HOSPITAL VISITS	40	86	3,673.98	42.72	.189	91.85	8.07
CRITICAL CARE	3	36	5,571.92	154.78	.079	1857.31	12.25
SNF/ICF/TRANS IP CARE	5	9	266.90	29.66	.020	53.38	.59
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	56	246	35,025.67	142.38	.541	625.46	76.98
PRINCIPAL SURGEON	34	38	28,262.80	743.76	.084	831.26	62.12
ASSISTANT SURGEON	12	12	2,144.76	178.73	.026	178.73	4.71
ANESTHESIOLOGIST	23	196	4,618.11	23.56	.431	200.79	10.15
OUTPATIENT SURGERY	25	50	2,966.17	59.32	.110	118.65	6.52
PRINCIPAL SURGEON	24	35	2,499.57	71.42	.077	104.15	5.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	15	466.60	31.11	.033	77.77	1.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	49	892.37	18.21	.108	30.77	1.96
RADIOLOGY	109	137	7,463.18	54.48	.301	68.47	16.40
PSYCHIATRY	1	1	32.98	32.98	.002	32.98	.07
IMMUNIZATION AND INJECTION	13	30	763.91	25.46	.066	58.76	1.68
OTHER SERVICES/ALL X-OVERS	24	35	1,329.73	37.99	.077	55.41	2.92
@PHARMACY	157	443	\$ 25,090.73	\$ 56.64	.974	\$ 159.81	\$ 55.14
PRESCRIPTION DRUGS	153	405	22,571.95	55.73	.890	147.53	49.61
SNF/ICF	11	56	1,693.30	30.24	.123	153.94	3.72
OUTPATIENTS	142	349	20,878.65	59.82	.767	147.03	45.89
MEDICAL SUPPLIES	16	38	2,518.78	66.28	.084	157.42	5.54
@DENTIST	26	80	\$ 3,100.00	\$ 38.75	.176	\$ 119.23	\$ 6.81
VISITS - DIAGNOSTIC	20	52	1,150.00	22.12	.114	57.50	2.53
ORAL SURGERY	3	3	215.00	71.67	.007	71.67	.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	760.00	253.33	.007	760.00	1.67
RESTORATIVE DENTISTRY	6	20	875.00	43.75	.044	145.83	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	100.00	50.00	.004	50.00	.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00



## PLACER COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

455 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	4	16	\$ 361.20	\$ 22.58	.035		\$ 90.30	\$ .79
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.009		47.45	.42
EYE APPLIANCES	4	12	171.40	14.28	.026		42.85	.38
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	1	2	\$ 104.99	\$ 52.50	.004		\$ 104.99	\$ .23
NURSE ANESTHESIST	0	0	.00	.00	.000		.00	.00
NURSE MIDWIFE	2	12	\$ 1,610.25	\$ 134.19	.026		\$ 805.13	\$ 3.54
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000		\$ .00	\$ .00
@TOTAL HOSPITAL	188	1,067	\$ 215,693.30	\$ 202.15	2.345		\$ 1147.30	\$ 474.05
HOSP INPATIENT TOTAL	37	154	196,047.70	1273.04	.338		5298.59	430.87
HSC HOSPITALS	28	112	149,074.39	1331.02	.246		5324.09	327.64
NON-HSC HOSPITAL TOTAL	9	42	46,973.31	1118.41	.092		5219.26	103.24
ACCOMMODATIONS	9	42	19,631.48	467.42	.092		2181.28	43.15
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	9	42	19,631.48	467.42	.092		2181.28	43.15
ANCILLARIES	9	0	27,341.83	.00	.000		3037.98	60.09
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00



HOSP OUTPATIENT TOTAL	170	913		19,645.60	21.52	2.007	115.56	43.18
MEDICAL	19	24		910.81	37.95	.053	47.94	2.00
SURGERY	25	49		1,261.93	25.75	.108	50.48	2.77
PATHOLOGY	103	466		5,983.05	12.84	1.024	58.09	13.15
RADIOLOGY	33	43		3,169.32	73.71	.095	96.04	6.97
ROOM USE	91	133		5,250.04	39.47	.292	57.69	11.54
CROSSOVERS/ALL OTH OUTPTNT	72	198		3,070.45	15.51	.435	42.65	6.75
@COUNTY HOSPITAL TOTAL	4	43	\$	1,256.78	\$ 29.23	.095	\$ 314.20	\$ 2.76
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	43		1,256.78	29.23	.095	314.20	2.76
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	3	4		122.40	30.60	.009	40.80	.27
PATHOLOGY	2	14		331.99	23.71	.031	166.00	.73
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	3	9		563.57	62.62	.020	187.86	1.24
CROSSOVERS/ALL OTH OUTPTNT	4	16		238.82	14.93	.035	59.71	.52

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,815  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL

	455 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	184	1,024	\$	214,436.52	\$ 209.41	2.251	\$ 1165.42	\$ 471.29
COMM HOSP INPATIENT TOTAL	37	154		196,047.70	1273.04	.338	5298.59	430.87
HSC HOSPITALS	28	112		149,074.39	1331.02	.246	5324.09	327.64
NON-HSC HOSPITALS TOTAL	9	42		46,973.31	1118.41	.092	5219.26	103.24
ACCOMMODATIONS	9	42		19,631.48	467.42	.092	2181.28	43.15
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42		19,631.48	467.42	.092	2181.28	43.15
ANCILLARIES	9	0		27,341.83	.00	.000	3037.98	60.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	166	870		18,388.82	21.14	1.912	110.78	40.41
MEDICAL	19	24		910.81	37.95	.053	47.94	2.00
SURGERY	22	45		1,139.53	25.32	.099	51.80	2.50
PATHOLOGY	101	452		5,651.06	12.50	.993	55.95	12.42
RADIOLOGY	33	43		3,169.32	73.71	.095	96.04	6.97
ROOM USE	88	124		4,686.47	37.79	.273	53.26	10.30
CROSSOVERS/ALL OTH OUTPTNT	68	182		2,831.63	15.56	.400	41.64	6.22
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	231	\$	22,995.02	\$ 99.55	.508	\$ 7665.01	\$ 50.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	231	22,995.02	99.55	.508	7665.01	50.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	121	325	\$ 5,131.79	\$ 15.79	.714	\$ 42.41	\$ 11.28
PATHOLOGY	121	325	5,131.79	15.79	.714	42.41	11.28
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	43	124	\$ 11,641.47	\$ 93.88	.273	\$ 270.73	\$ 25.59
CLINIC	24	76	3,078.44	40.51	.167	128.27	6.77
SURGICENTER	1	8	242.01	30.25	.018	242.01	.53
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	40	8,321.02	208.03	.088	437.95	18.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,816
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL						

455 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	50	354	\$ 23,779.56	\$ 67.17	.778	\$ 475.59	\$ 52.26
DURABLE MED. EQUIP.	6	10	543.41	54.34	.022	90.57	1.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	173	4,123.12	23.83	.380	343.59	9.06
AMBULANCES/AIR TRANS	11	114	2,148.02	18.84	.251	195.27	4.72
OTHER TRANS	3	57	165.22	2.90	.125	55.07	.36
OTHER SERVICES	2	2	1,809.88	904.94	.004	904.94	3.98
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.046	105.00	4.85
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	35.76	8.94	.009	17.88	.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.004	38.68	.09
PROSTHETIST/ORTHOTISTS	2	3	116.42	38.81	.007	58.21	.26
PROSTHETICS	2	3	116.42	38.81	.007	58.21	.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6	132	16,484.16	124.88	.290	2747.36	36.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	9	233.01	25.89	.020	116.51	.51
@CALIF. CHILDREN SERVICES*	2	23	\$ 25,657.94	\$ 1115.56	.051	\$ 12828.97	\$ 56.39



@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,817  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
PLACER COUNTY SUMMARY OF SERVICES FOR ALL AGED

27,040 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22,909	701,510	\$ 28,956,771.89	\$ 41.28	25.943	\$ 1263.99	\$ 1070.89
@PHYSICIANS SERVICES	3,194	8,359	\$ 187,072.48	\$ 22.38	.309	\$ 58.57	\$ 6.92
OUTPATIENT VISITS	522	667	22,250.71	33.36	.025	42.63	.82
OFFICE VISITS	460	579	17,501.73	30.23	.021	38.05	.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	49	3,749.07	76.51	.002	85.21	.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	36	39	999.91	25.64	.001	27.78	.04
INPATIENT VISITS	72	157	5,993.24	38.17	.006	83.24	.22
HOSPITAL VISITS	52	131	5,027.94	38.38	.005	96.69	.19
CRITICAL CARE	1	2	243.20	121.60	.000	243.20	.01
SNF/ICF/TRANS IP CARE	20	24	722.10	30.09	.001	36.11	.03
OPHTHALMOLOGICAL SERVICES	57	78	3,006.67	38.55	.003	52.75	.11
EXAMINATIONS	55	74	2,888.15	39.03	.003	52.51	.11
SERVICES AND MATERIALS	4	4	118.52	29.63	.000	29.63	.00
INPATIENT HOSPITAL SURGERY	17	52	5,762.24	110.81	.002	338.96	.21
PRINCIPAL SURGEON	14	15	4,756.44	317.10	.001	339.75	.18
ASSISTANT SURGEON	1	1	110.57	110.57	.000	110.57	.00
ANESTHESIOLOGIST	3	36	895.23	24.87	.001	298.41	.03
OUTPATIENT SURGERY	74	134	19,897.51	148.49	.005	268.89	.74
PRINCIPAL SURGEON	65	81	18,217.18	224.90	.003	280.26	.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	53	1,680.33	31.70	.002	129.26	.06
DIALYSIS	19	51	7,725.48	151.48	.002	406.60	.29
PATHOLOGY	60	89	1,414.16	15.89	.003	23.57	.05
RADIOLOGY	230	459	27,064.53	58.96	.017	117.67	1.00
PSYCHIATRY	4	5	164.90	32.98	.000	41.23	.01
IMMUNIZATION AND INJECTION	33	328	1,058.25	3.23	.012	32.07	.04
OTHER SERVICES/ALL X-OVERS	2,572	6,339	92,734.79	14.63	.234	36.06	3.43
@PHARMACY	19,250	324,455	\$ 5,489,454.59	\$ 16.92	11.999	\$ 285.17	\$ 203.01
PRESCRIPTION DRUGS	18,944	89,701	5,331,831.87	59.44	3.317	281.45	197.18
SNF/ICF	6,261	38,698	1,937,143.64	50.06	1.431	309.40	71.64
OUTPATIENTS	12,852	51,003	3,394,688.23	66.56	1.886	264.14	125.54
MEDICAL SUPPLIES	1,737	234,754	157,622.72	.67	8.682	90.74	5.83
@DENTIST	1,121	3,498	\$ 184,124.71	\$ 52.64	.129	\$ 164.25	\$ 6.81
VISITS - DIAGNOSTIC	808	2,190	35,713.06	16.31	.081	44.20	1.32
ORAL SURGERY	173	435	19,065.55	43.83	.016	110.21	.71
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	35	36	4,287.10	119.09	.001	122.49	.16
ENDODONTICS	29	36	7,814.25	217.06	.001	269.46	.29
RESTORATIVE DENTISTRY	123	290	20,167.25	69.54	.011	163.96	.75
PROSTHETICS	11	12	350.00	29.17	.000	31.82	.01
DENTURES, STAYPLATES	222	482	96,702.50	200.63	.018	435.60	3.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00



MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	23	16	.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,818  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL AGED

27,040 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	490	1,232	\$ 26,613.03	\$ 21.60	.046	\$ 54.31	\$ .98
DIAGNOSTIC AND ANC. PROCED	101	105	3,723.79	35.46	.004	36.87	.14
EYE APPLIANCES	334	962	17,288.56	17.97	.036	51.76	.64
OTHER OPTOMETRIC SERVICES	110	165	5,600.68	33.94	.006	50.92	.21
@CHIROPRACTOR	4	9	\$ 142.12	\$ 15.79	.000	\$ 35.53	\$ .01
VISITS	2	6	91.96	15.33	.000	45.98	.00
OTHER SERVICES	2	3	50.16	16.72	.000	25.08	.00
@PODIATRIST	993	1,138	\$ 9,035.23	\$ 7.94	.042	\$ 9.10	\$ .33
MEDICINE/INJECTIONS	5	6	144.00	24.00	.000	28.80	.01
SURGERY/ANES.	1	1	19.00	19.00	.000	19.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	988	1,131	8,872.23	7.84	.042	8.98	.33
@HOME HEALTH AGENCY	11	73	\$ 5,191.24	\$ 71.11	.003	\$ 471.93	\$ .19
NURSE ANESTHESIST	6	52	\$ 239.48	\$ 4.61	.002	\$ 39.91	\$ .01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	4	10	\$ 164.88	\$ 16.49	.000	\$ 41.22	\$ .01
@TOTAL HOSPITAL	1,166	9,559	\$ 595,551.86	\$ 62.30	.354	\$ 510.76	\$ 22.02
HOSP INPATIENT TOTAL	219	242	442,526.27	1828.62	.009	2020.67	16.37
HSC HOSPITALS	46	180	194,721.67	1081.79	.007	4233.08	7.20
NON-HSC HOSPITAL TOTAL	10	62	120,432.64	1942.46	.002	12043.26	4.45
ACCOMMODATIONS	10	62	42,481.73	685.19	.002	4248.17	1.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62	42,481.73	685.19	.002	4248.17	1.57
ANCILLARIES	10	0	77,950.91	.00	.000	7795.09	2.88
INPATIENT CROSSOVERS	164	0	127,371.96	.00	.000	776.66	4.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	975	9,317	153,025.59	16.42	.345	156.95	5.66
MEDICAL	49	91	4,378.43	48.11	.003	89.36	.16
SURGERY	14	18	1,530.52	85.03	.001	109.32	.06
PATHOLOGY	128	800	5,990.36	7.49	.030	46.80	.22
RADIOLOGY	62	186	16,840.07	90.54	.007	271.61	.62
ROOM USE	102	144	5,541.27	38.48	.005	54.33	.20
CROSSOVERS/ALL OTH OUTPTNT	804	8,078	118,744.94	14.70	.299	147.69	4.39
@COUNTY HOSPITAL TOTAL	1	2	\$ 51.77	\$ 25.89	.000	\$ 51.77	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00



CO HOSP OUTPATIENT TOTAL	1	2	51.77	25.89	.000	51.77	.00
MEDICAL	1	1	14.89	14.89	.000	14.89	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.88	36.88	.000	36.88	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,819  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
27,040 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	1,165	9,557	\$ 595,500.09	\$ 62.31	.353	\$ 511.16	\$ 22.02
COMM HOSP INPATIENT TOTAL	219	242	442,526.27	1828.62	.009	2020.67	16.37
HSC HOSPITALS	46	180	194,721.67	1081.79	.007	4233.08	7.20
NON-HSC HOSPITALS TOTAL	10	62	120,432.64	1942.46	.002	12043.26	4.45
ACCOMMODATIONS	10	62	42,481.73	685.19	.002	4248.17	1.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62	42,481.73	685.19	.002	4248.17	1.57
ANCILLARIES	10	0	77,950.91	.00	.000	7795.09	2.88
INPATIENT CROSSOVERS	164	0	127,371.96	.00	.000	776.66	4.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	974	9,315	152,973.82	16.42	.344	157.06	5.66
MEDICAL	48	90	4,363.54	48.48	.003	90.91	.16
SURGERY	14	18	1,530.52	85.03	.001	109.32	.06
PATHOLOGY	128	800	5,990.36	7.49	.030	46.80	.22
RADIOLOGY	62	186	16,840.07	90.54	.007	271.61	.62
ROOM USE	101	143	5,504.39	38.49	.005	54.50	.20
CROSSOVERS/ALL OTH OUTPTNT	804	8,078	118,744.94	14.70	.299	147.69	4.39
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6,930	221,056	\$ 21,300,157.81	\$ 96.36	8.175	\$ 3073.62	\$ 787.73
LEV A-INTERMEDIATE	41	1,281	71,550.55	55.86	.047	1745.14	2.65
LEV B-REHAB MD	16	492	49,403.60	100.41	.018	3087.73	1.83
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	11	366	200,102.30	546.73	.014	18191.12	7.40
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	6,862	218,917	20,979,101.36	95.83	8.096	3057.29	775.85
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	91	1,747	\$ 123,209.11	\$ 70.53	.065	\$ 1353.95	\$ 4.56
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	91	1,747	123,209.11	70.53	.065	1353.95	4.56
@REHABILITATION FACILITY	3	9	\$ 247.92	\$ 27.55	.000	\$ 82.64	\$ .01
HOSPITAL BASED	3	9	247.92	27.55	.000	82.64	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	199	867	\$ 9,534.24	\$ 11.00	.032	\$ 47.91	\$ .35
PATHOLOGY	178	814	9,165.35	11.26	.030	51.49	.34
XO AND OTHERS	21	53	368.89	6.96	.002	17.57	.01
@ORGANIZED OUTPATIENT CLINIC	593	965	\$ 102,952.06	\$ 106.69	.036	\$ 173.61	\$ 3.81
CLINIC	12	29	1,635.33	56.39	.001	136.28	.06
SURGICENTER	60	169	15,029.47	88.93	.006	250.49	.56
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	527	767	86,287.26	112.50	.028	163.73	3.19

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,820  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL AGED

					----- MONTHLY AVERAGE -----			
27,040 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	3,020	128,481	\$ 923,081.13	\$ 7.18	4.752	\$ 305.66	\$ 34.14	
DURABLE MED. EQUIP.	176	763	78,864.61	103.36	.028	448.09	2.92	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	30	34	13,004.46	382.48	.001	433.48	.48	
MEDICAL TRANSPORTATION	695	25,512	93,950.80	3.68	.943	135.18	3.47	
AMBULANCES/AIR TRANS	47	254	5,140.87	20.24	.009	109.38	.19	
OTHER TRANS	630	25,070	88,343.00	3.52	.927	140.23	3.27	
OTHER SERVICES	32	188	466.93	2.48	.007	14.59	.02	
ACUPUNCTURE	20	83	1,405.71	16.94	.003	70.29	.05	
ADULT DAY HEALTH CARE CTR	361	4,639	321,688.54	69.34	.172	891.10	11.90	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	153	1,562	76,145.67	48.75	.058	497.68	2.82	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	400	906	10,972.70	12.11	.034	27.43	.41	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	148	248	201.96	.81	.009	1.36	.01	
PROSTHETIST/ORTHOTISTS	6	13	170.87	13.14	.000	28.48	.01	
PROSTHETICS	6	13	170.87	13.14	.000	28.48	.01	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	8	9	113.84	12.65	.000	14.23	.00	
SPEECH AND AUDIOLOGY	112	180	20,128.25	111.82	.007	179.72	.74	
HOSPICE SERVICES	78	2,331	264,496.97	113.47	.086	3390.99	9.78	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	



LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,067	92,201	41,936.75	.45	3.410	39.30	1.55
@CALIF. CHILDREN SERVICES*	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5,380	51,256	\$ 777,265.81	\$ 15.16	1.896	\$ 144.47	\$ 28.75

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,821
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL BLIND	

	1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,072	89,924	\$	1,065,651.16	\$ 11.85	65.399	\$ 994.08	\$ 775.02
@PHYSICIANS SERVICES	311	737	\$	24,284.14	\$ 32.95	.536	\$ 78.08	\$ 17.66
OUTPATIENT VISITS	98	136		4,948.48	36.39	.099	50.49	3.60
OFFICE VISITS	78	104		3,405.33	32.74	.076	43.66	2.48
HOME VISITS	3	3		124.04	41.35	.002	41.35	.09
EMERGENCY ROOM	15	20		1,184.78	59.24	.015	78.99	.86
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9		234.33	26.04	.007	26.04	.17
INPATIENT VISITS	20	49		1,701.35	34.72	.036	85.07	1.24
HOSPITAL VISITS	4	26		1,065.80	40.99	.019	266.45	.78
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	18	23		635.55	27.63	.017	35.31	.46
OPHTHALMOLOGICAL SERVICES	17	21		863.61	41.12	.015	50.80	.63
EXAMINATIONS	17	21		863.61	41.12	.015	50.80	.63
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		75.58	75.58	.001	75.58	.05
PRINCIPAL SURGEON	1	1		75.58	75.58	.001	75.58	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	15	26		5,090.31	195.78	.019	339.35	3.70
PRINCIPAL SURGEON	13	16		4,646.49	290.41	.012	357.42	3.38
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	10		443.82	44.38	.007	110.96	.32
DIALYSIS	1	2		450.08	225.04	.001	450.08	.33
PATHOLOGY	6	8		45.58	5.70	.006	7.60	.03
RADIOLOGY	42	61		3,835.06	62.87	.044	91.31	2.79
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	10		233.25	23.33	.007	33.32	.17
OTHER SERVICES/ALL X-OVERS	157	423		7,040.84	16.65	.308	44.85	5.12
@PHARMACY	897	41,547	\$	373,907.84	\$ 9.00	30.216	\$ 416.84	\$ 271.93
PRESCRIPTION DRUGS	871	3,732		349,145.13	93.55	2.714	400.86	253.92
SNF/ICF	99	683		52,285.03	76.55	.497	528.13	38.03
OUTPATIENTS	778	3,049		296,860.10	97.36	2.217	381.57	215.90
MEDICAL SUPPLIES	192	37,815		24,762.71	.65	27.502	128.97	18.01
@DENTIST	61	266	\$	10,088.75	\$ 37.93	.193	\$ 165.39	\$ 7.34
VISITS - DIAGNOSTIC	36	139		1,725.75	12.42	.101	47.94	1.26
ORAL SURGERY	9	26		937.00	36.04	.019	104.11	.68
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00



PERIODONTICS	3	4	354.00	88.50	.003	118.00	.26
ENDODONTICS	4	7	1,165.00	166.43	.005	291.25	.85
RESTORATIVE DENTISTRY	20	41	3,382.00	82.49	.030	169.10	2.46
PROSTHETICS	2	2	.00	.00	.001	.00	.00
DENTURES, STAYPLATES	5	47	2,525.00	53.72	.034	505.00	1.84
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	66	\$ 4,753.76	\$ 72.03	.048	\$ 169.78	\$ 3.46
DIAGNOSTIC AND ANC. PROCED	10	10	537.61	53.76	.007	53.76	.39
EYE APPLIANCES	18	52	4,072.21	78.31	.038	226.23	2.96
OTHER OPTOMETRIC SERVICES	5	4	143.94	35.99	.003	28.79	.10
@CHIROPRACTOR	2	4	\$ 54.34	\$ 13.59	.003	\$ 27.17	\$ .04
VISITS	2	4	54.34	13.59	.003	27.17	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	21	22	\$ 280.80	\$ 12.76	.016	\$ 13.37	\$ .20
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	21	22	280.80	12.76	.016	13.37	.20
@HOME HEALTH AGENCY	10	1,419	\$ 42,233.42	\$ 29.76	1.032	\$ 4223.34	\$ 30.72
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	119	864	\$ 125,476.64	\$ 145.23	.628	\$ 1054.43	\$ 91.26
HOSP INPATIENT TOTAL	18	73	111,503.69	1527.45	.053	6194.65	81.09
HSC HOSPITALS	7	49	58,844.19	1200.90	.036	8406.31	42.80
NON-HSC HOSPITAL TOTAL	2	24	44,639.84	1859.99	.017	22319.92	32.47
ACCOMMODATIONS	2	24	14,326.10	596.92	.017	7163.05	10.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	14,326.10	596.92	.017	7163.05	10.42
ANCILLARIES	2	0	30,313.74	.00	.000	15156.87	22.05
INPATIENT CROSSOVERS	9	0	8,019.66	.00	.000	891.07	5.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	103	791	13,972.95	17.66	.575	135.66	10.16
MEDICAL	10	13	410.53	31.58	.009	41.05	.30
SURGERY	8	9	508.04	56.45	.007	63.51	.37
PATHOLOGY	33	158	1,604.35	10.15	.115	48.62	1.17
RADIOLOGY	13	17	1,344.64	79.10	.012	103.43	.98
ROOM USE	28	35	1,403.29	40.09	.025	50.12	1.02
CROSSOVERS/ALL OTH OUTPTNT	65	559	8,702.10	15.57	.407	133.88	6.33
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,823  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	119	864	\$ 125,476.64	\$ 145.23	.628	\$ 1054.43	\$ 91.26
COMM HOSP INPATIENT TOTAL	18	73	111,503.69	1527.45	.053	6194.65	81.09
HSC HOSPITALS	7	49	58,844.19	1200.90	.036	8406.31	42.80
NON-HSC HOSPITALS TOTAL	2	24	44,639.84	1859.99	.017	22319.92	32.47
ACCOMMODATIONS	2	24	14,326.10	596.92	.017	7163.05	10.42
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	24	14,326.10	596.92	.017	7163.05	10.42
ANCILLARIES	2	0	30,313.74	.00	.000	15156.87	22.05
INPATIENT CROSSOVERS	9	0	8,019.66	.00	.000	891.07	5.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	103	791	13,972.95	17.66	.575	135.66	10.16
MEDICAL	10	13	410.53	31.58	.009	41.05	.30
SURGERY	8	9	508.04	56.45	.007	63.51	.37
PATHOLOGY	33	158	1,604.35	10.15	.115	48.62	1.17
RADIOLOGY	13	17	1,344.64	79.10	.012	103.43	.98
ROOM USE	28	35	1,403.29	40.09	.025	50.12	1.02
CROSSOVERS/ALL OTH OUTPTNT	65	559	8,702.10	15.57	.407	133.88	6.33
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	78	2,064	\$ 249,349.81	\$ 120.81	1.501	\$ 3196.79	\$ 181.35
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	78	2,064	249,349.81	120.81	1.501	3196.79	181.35
@INTERMEDIATE CARE FACIL.-DD	12	366	\$ 69,336.33	\$ 189.44	.266	\$ 5778.03	\$ 50.43
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366	69,336.33	189.44	.266	5778.03	50.43
@HEMODIALYSIS TOTAL	49	194	\$ 29,437.36	\$ 151.74	.141	\$ 600.76	\$ 21.41
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	49	194	29,437.36	151.74	.141	600.76	21.41
@REHABILITATION FACILITY	2	2	\$ 68.42	\$ 34.21	.001	\$ 34.21	\$ .05
HOSPITAL BASED	1	1	47.23	47.23	.001	47.23	.03



INDEPENDENT FACILITY	1	1		21.19		21.19	.001	21.19	.02
@LABORATORY FACILITY	57	233	\$	3,617.05	\$	15.52	.169	\$ 63.46	\$ 2.63
PATHOLOGY	57	233		3,617.05		15.52	.169	63.46	2.63
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	124	205	\$	24,599.79	\$	120.00	.149	\$ 198.39	\$ 17.89
CLINIC	9	20		985.71		49.29	.015	109.52	.72
SURGICENTER	6	27		1,609.94		59.63	.020	268.32	1.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	110	158		22,004.14		139.27	.115	200.04	16.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,824  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

	1,375 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	234		41,935	\$ 108,162.71	\$ 2.58	30.498	\$ 462.23	\$ 78.66
DURABLE MED. EQUIP.	20		71	12,094.97	170.35	.052	604.75	8.80
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2		2	50.00	25.00	.001	25.00	.04
MEDICAL TRANSPORTATION	72		12,402	40,543.85	3.27	9.020	563.11	29.49
AMBULANCES/AIR TRANS	16		85	2,076.78	24.43	.062	129.80	1.51
OTHER TRANS	58		12,310	38,450.63	3.12	8.953	662.94	27.96
OTHER SERVICES	1		7	16.44	2.35	.005	16.44	.01
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	19		269	18,630.07	69.26	.196	980.53	13.55
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6		22	3,134.60	142.48	.016	522.43	2.28
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	16		40	755.46	18.89	.029	47.22	.55
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7		12	111.97	9.33	.009	16.00	.08
PROSTHETIST/ORTHOTISTS	4		21	3,130.71	149.08	.015	782.68	2.28



PROSTHETICS	4	21	3,130.71	149.08	.015	782.68	2.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	20	74	2,940.66	39.74	.054	147.03	2.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	4,216	15,175.12	3.60	3.066	303.50	11.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	62	24,806	11,595.30	.47	18.041	187.02	8.43
@CALIF. CHILDREN SERVICES*	33	4,600	\$ 45,350.24	\$ 9.86	3.345	\$ 1374.25	\$ 32.98
@XOVER EXCLUDING STATE HOSP**	233	1,668	\$ 62,533.28	\$ 37.49	1.213	\$ 268.38	\$ 45.48

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

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MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

57,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	45,968	1,275,615	\$ 37,603,390.40	\$ 29.48	22.369	\$ 818.03	\$ 659.40
@PHYSICIANS SERVICES	13,310	44,758	\$ 1,744,346.10	\$ 38.97	.785	\$ 131.06	\$ 30.59
OUTPATIENT VISITS	6,976	10,300	386,186.95	37.49	.181	55.36	6.77
OFFICE VISITS	5,040	7,049	220,995.49	31.35	.124	43.85	3.88
HOME VISITS	110	118	4,276.40	36.24	.002	38.88	.07
EMERGENCY ROOM	1,702	2,146	133,626.64	62.27	.038	78.51	2.34
PREVENTIVE CARE	2	2	98.68	49.34	.000	49.34	.00
OB VISITS/COMPRE PERI	30	56	3,496.83	62.44	.001	116.56	.06
OTHER OUTPATIENT	776	929	23,692.91	25.50	.016	30.53	.42
INPATIENT VISITS	861	3,585	168,393.63	46.97	.063	195.58	2.95
HOSPITAL VISITS	692	3,139	135,087.79	43.04	.055	195.21	2.37
CRITICAL CARE	50	188	24,678.64	131.27	.003	493.57	.43
SNF/ICF/TRANS IP CARE	176	258	8,627.20	33.44	.005	49.02	.15
OPHTHALMOLOGICAL SERVICES	174	223	8,590.97	38.52	.004	49.37	.15
EXAMINATIONS	172	220	8,500.39	38.64	.004	49.42	.15
SERVICES AND MATERIALS	3	3	90.58	30.19	.000	30.19	.00
INPATIENT HOSPITAL SURGERY	357	2,246	214,276.55	95.40	.039	600.21	3.76
PRINCIPAL SURGEON	256	401	164,029.63	409.05	.007	640.74	2.88
ASSISTANT SURGEON	36	35	8,204.80	234.42	.001	227.91	.14
ANESTHESIOLOGIST	145	1,810	42,042.12	23.23	.032	289.95	.74
OUTPATIENT SURGERY	961	2,182	191,484.23	87.76	.038	199.26	3.36
PRINCIPAL SURGEON	812	1,050	158,990.47	151.42	.018	195.80	2.79
ASSISTANT SURGEON	13	14	1,688.23	120.59	.000	129.86	.03
ANESTHESIOLOGIST	212	1,118	30,805.53	27.55	.020	145.31	.54
DIALYSIS	80	288	23,490.71	81.56	.005	293.63	.41
PATHOLOGY	713	1,314	22,367.37	17.02	.023	31.37	.39
RADIOLOGY	2,873	5,724	344,461.92	60.18	.100	119.90	6.04
PSYCHIATRY	93	106	3,581.22	33.79	.002	38.51	.06
IMMUNIZATION AND INJECTION	402	1,966	65,397.41	33.26	.034	162.68	1.15
OTHER SERVICES/ALL X-OVERS	5,602	16,824	316,115.14	18.79	.295	56.43	5.54
@PHARMACY	37,448	672,486	\$ 18,288,669.87	\$ 27.20	11.792	\$ 488.38	\$ 320.70
PRESCRIPTION DRUGS	36,924	169,097	16,930,582.62	100.12	2.965	458.53	296.89
SNF/ICF	1,775	14,577	1,049,799.91	72.02	.256	591.44	18.41
OUTPATIENTS	35,401	154,520	15,880,782.71	102.77	2.710	448.60	278.48



MEDICAL SUPPLIES	3,338	503,389		1,358,087.25		2.70	8.827	406.86	23.81
@DENTIST	3,022	12,855	\$	494,573.58	\$	38.47	.225	\$ 163.66	\$ 8.67
VISITS - DIAGNOSTIC	2,029	8,143		110,841.05		13.61	.143	54.63	1.94
ORAL SURGERY	516	1,248		62,264.85		49.89	.022	120.67	1.09
DRUGS	22	22		425.00		19.32	.000	19.32	.01
ANESTHESIA	4	4		300.00		75.00	.000	75.00	.01
PERIODONTICS	137	163		16,754.00		102.79	.003	122.29	.29
ENDODONTICS	215	302		71,612.50		237.13	.005	333.08	1.26
RESTORATIVE DENTISTRY	855	1,982		131,928.60		66.56	.035	154.30	2.31
PROSTHETICS	34	36		1,010.00		28.06	.001	29.71	.02
DENTURES, STAYPLATES	304	857		98,360.50		114.77	.015	323.55	1.72
SPACE MAINTAINERS	1	1		120.00		120.00	.000	120.00	.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000	112.08	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	17	17		770.00		45.29	.000	45.29	.01
ALL OTHER SERVICES	80	79		75.00		.95	.001	.94	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,826
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PLACER COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	57,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1,196	3,267	\$	68,283.02	\$ 20.90	.057	\$ 57.09	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	508	528		21,874.48	41.43	.009	43.06	.38
EYE APPLIANCES	874	2,495		40,389.73	16.19	.044	46.21	.71
OTHER OPTOMETRIC SERVICES	153	244		6,018.81	24.67	.004	39.34	.11
@CHIROPRACTOR	183	322	\$	5,324.23	\$ 16.53	.006	\$ 29.09	\$ .09
VISITS	176	313		5,208.28	16.64	.005	29.59	.09
OTHER SERVICES	7	9		115.95	12.88	.000	16.56	.00
@PODIATRIST	533	886	\$	14,808.37	\$ 16.71	.016	\$ 27.78	\$ .26
MEDICINE/INJECTIONS	148	166		5,225.92	31.48	.003	35.31	.09
SURGERY/ANES.	11	15		2,277.22	151.81	.000	207.02	.04
RADIO./PATHOLOGY	3	4		70.92	17.73	.000	23.64	.00
OTHER	382	701		7,234.31	10.32	.012	18.94	.13
@HOME HEALTH AGENCY	298	25,038	\$	800,566.96	\$ 31.97	.439	\$ 2686.47	\$ 14.04
NURSE ANESTHESIST	9	122	\$	358.01	\$ 2.93	.002	\$ 39.78	\$ .01
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	48	129	\$	3,053.29	\$ 23.67	.002	\$ 63.61	\$ .05
@TOTAL HOSPITAL	6,628	46,516	\$	5,743,643.96	\$ 123.48	.816	\$ 866.57	\$ 100.72
HOSP INPATIENT TOTAL	729	3,148		4,678,852.52	1486.29	.055	6418.18	82.05
HSC HOSPITALS	351	2,169		2,813,713.73	1297.24	.038	8016.28	49.34
NON-HSC HOSPITAL TOTAL	174	979		1,619,059.59	1653.79	.017	9304.94	28.39
ACCOMMODATIONS	174	979		552,576.84	564.43	.017	3175.73	9.69
ADMINISTRATIVE DAYS	3	24		5,493.24	228.89	.000	1831.08	.10
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	171	955		547,083.60	572.86	.017	3199.32	9.59
ANCILLARIES	174	0		1,066,482.75	.00	.000	6129.21	18.70
INPATIENT CROSSOVERS	222	0		246,079.20	.00	.000	1108.46	4.32
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,129	43,368		1,064,791.44	24.55	.760	173.73	18.67
MEDICAL	1,084	1,766		75,830.01	42.94	.031	69.95	1.33
SURGERY	474	546		21,744.52	39.83	.010	45.87	.38
PATHOLOGY	2,251	13,250		130,889.08	9.88	.232	58.15	2.30
RADIOLOGY	1,333	2,095		182,829.57	87.27	.037	137.16	3.21
ROOM USE	2,845	4,165		153,562.38	36.87	.073	53.98	2.69



CROSSOVERS/ALL OTH OUTPTNT	3,280	21,546		499,935.88	23.20	.378	152.42	8.77
@COUNTY HOSPITAL TOTAL	37	194	\$	66,554.85	\$ 343.07	.003	\$ 1798.78	\$ 1.17
CO HOSPITAL INPATIENT TOTAL	5	86		63,425.56	737.51	.002	12685.11	1.11
HSC HOSPITALS	1	6		8,112.00	1352.00	.000	8112.00	.14
NON-HSC HOSPITALS TOTAL	4	80		55,313.56	691.42	.001	13828.39	.97
ACCOMMODATIONS	4	80		18,504.00	231.30	.001	4626.00	.32
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	80		18,504.00	231.30	.001	4626.00	.32
ANCILLARIES	4	0		36,809.56	.00	.000	9202.39	.65
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	32	108		3,129.29	28.97	.002	97.79	.05
MEDICAL	17	27		925.69	34.28	.000	54.45	.02
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	8	38		516.50	13.59	.001	64.56	.01
RADIOLOGY	1	1		138.67	138.67	.000	138.67	.00
ROOM USE	19	28		987.79	35.28	.000	51.99	.02
CROSSOVERS/ALL OTH OUTPTNT	8	14		560.64	40.05	.000	70.08	.01

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PLACER COUNTY      SUMMARY OF SERVICES FOR ALL DISABLED

57,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,593	46,322	\$ 5,677,089.11	\$ 122.56	.812	\$ 861.08	\$ 99.55
COMM HOSP INPATIENT TOTAL	724	3,062	4,615,426.96	1507.32	.054	6374.90	80.93
HSC HOSPITALS	350	2,163	2,805,601.73	1297.09	.038	8016.00	49.20
NON-HSC HOSPITALS TOTAL	170	899	1,563,746.03	1739.43	.016	9198.51	27.42
ACCOMMODATIONS	170	899	534,072.84	594.07	.016	3141.60	9.37
ADMINISTRATIVE DAYS	3	24	5,493.24	228.89	.000	1831.08	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	167	875	528,579.60	604.09	.015	3165.15	9.27
ANCILLARIES	170	0	1,029,673.19	.00	.000	6056.90	18.06
INPATIENT CROSSOVERS	222	0	246,079.20	.00	.000	1108.46	4.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,099	43,260	1,061,662.15	24.54	.759	174.07	18.62
MEDICAL	1,067	1,739	74,904.32	43.07	.030	70.20	1.31
SURGERY	474	546	21,744.52	39.83	.010	45.87	.38
PATHOLOGY	2,243	13,212	130,372.58	9.87	.232	58.12	2.29
RADIOLOGY	1,332	2,094	182,690.90	87.24	.037	137.16	3.20
ROOM USE	2,827	4,137	152,574.59	36.88	.073	53.97	2.68
CROSSOVERS/ALL OTH OUTPTNT	3,272	21,532	499,375.24	23.19	.378	152.62	8.76
@STATE HOSPITAL	12	366	\$ 191,328.28	\$ 522.75	.006	\$ 15944.02	\$ 3.36
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	366	191,328.28	522.75	.006	15944.02	3.36
@NURSING FACILITY	964	29,819	\$ 3,674,218.58	\$ 123.22	.523	\$ 3811.43	\$ 64.43
LEV A-INTERMEDIATE	3	66	4,458.79	67.56	.001	1486.26	.08
LEV B-REHAB MD	7	292	25,177.20	86.22	.005	3596.74	.44
LEV B-SUBACUTE FREESTANDING	2	39	14,286.48	366.32	.001	7143.24	.25
LEV B-SUBACUTE HSPTL BASED	11	455	245,873.35	540.38	.008	22352.12	4.31
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	943	28,967	3,384,422.76	116.84	.508	3589.00	59.35
@INTERMEDIATE CARE FACIL.-DD	456	13,889	\$ 2,561,020.16	\$ 184.39	.244	\$ 5616.27	\$ 44.91
ICF DDH	149	4,525	715,024.26	158.02	.079	4798.82	12.54
ICF DD	0	0	.00	.00	.000	.00	.00



ICF DDN/DDCN	307	9,364		1,845,995.90		197.14	.164	6013.02	32.37
@HEMODIALYSIS TOTAL	329	7,722	\$	379,323.49	\$	49.12	.135	\$ 1152.96	\$ 6.65
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	329	7,722		379,323.49		49.12	.135	1152.96	6.65
@REHABILITATION FACILITY	56	384	\$	9,033.58	\$	23.52	.007	\$ 161.31	\$ .16
HOSPITAL BASED	40	197		6,088.96		30.91	.003	152.22	.11
INDEPENDENT FACILITY	16	187		2,944.62		15.75	.003	184.04	.05
@LABORATORY FACILITY	2,557	10,202	\$	118,213.48	\$	11.59	.179	\$ 46.23	\$ 2.07
PATHOLOGY	2,507	10,060		117,550.39		11.68	.176	46.89	2.06
XO AND OTHERS	50	142		663.09		4.67	.002	13.26	.01
@ORGANIZED OUTPATIENT CLINIC	5,222	8,753	\$	1,208,337.56	\$	138.05	.153	\$ 231.39	\$ 21.19
CLINIC	322	709		19,282.48		27.20	.012	59.88	.34
SURGICENTER	138	530		26,033.91		49.12	.009	188.65	.46
HEROIN DETOX CLINIC	6	81		1,003.18		12.38	.001	167.20	.02
RURAL HEALTH CLINIC	4,786	7,433		1,162,017.99		156.33	.130	242.80	20.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,828
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL DISABLED								

	57,027 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,549	398,101	\$	2,298,287.88	\$ 5.77	6.981	\$ 304.45	\$ 40.30
DURABLE MED. EQUIP.	655	2,721		353,574.13	129.94	.048	539.81	6.20
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	34		6,988.26	205.54	.001	240.97	.12
MEDICAL TRANSPORTATION	1,262	66,025		292,977.36	4.44	1.158	232.15	5.14
AMBULANCES/AIR TRANS	711	5,821		107,607.86	18.49	.102	151.35	1.89
OTHER TRANS	552	60,002		172,217.73	2.87	1.052	311.99	3.02
OTHER SERVICES	55	202		13,151.77	65.11	.004	239.12	.23
ACUPUNCTURE	18	42		778.53	18.54	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	623	10,366		719,156.90	69.38	.182	1154.34	12.61
GENETIC DISEASE TESTING	6	6		630.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	142	4,024		158,083.52	39.29	.071	1113.26	2.77
OCCUPATIONAL THERAPIST	23	385		1,967.96	5.11	.007	85.56	.03
OPTICIAN	941	2,078		22,111.85	10.64	.036	23.50	.39
PHYSICAL THERAPIST	6	42		558.35	13.29	.001	93.06	.01
PORTABLE X-RAY	52	92		967.68	10.52	.002	18.61	.02
PROSTHETIST/ORTHOTISTS	84	233		29,684.87	127.40	.004	353.39	.52
PROSTHETICS	84	233		29,684.87	127.40	.004	353.39	.52
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	27	38		813.91	21.42	.001	30.14	.01
SPEECH AND AUDIOLOGY	1,201	5,141		216,048.96	42.02	.090	179.89	3.79
HOSPICE SERVICES	47	787		98,895.51	125.66	.014	2104.16	1.73
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,058	49,997		204,324.52	4.09	.877	193.12	3.58
EPSDT SUPPLEMENTAL SERVICE	12	917		26,968.79	29.41	.016	2247.40	.47
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,055	255,173		163,756.78	.64	4.475	79.69	2.87
@CALIF. CHILDREN SERVICES*	748	39,443	\$	1,684,126.24	\$ 42.70	.692	\$ 2251.51	\$ 29.53
@XOVER EXCLUDING STATE HOSP**	6,625	60,847	\$	913,766.80	\$ 15.02	1.067	\$ 137.93	\$ 16.02

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



## PLACER COUNTY

## SUMMARY OF SERVICES FOR ALL FAMILIES

134,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	61,531	287,602	\$ 15,747,319.73	\$ 54.75	2.142	\$ 255.92	\$ 117.30
@PHYSICIANS SERVICES	28,283	65,281	\$ 2,830,727.07	\$ 43.36	.486	\$ 100.09	\$ 21.09
OUTPATIENT VISITS	22,769	30,373	1,102,955.78	36.31	.226	48.44	8.22
OFFICE VISITS	16,244	20,634	651,100.30	31.55	.154	40.08	4.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,774	5,453	281,400.40	51.60	.041	58.94	2.10
PREVENTIVE CARE	12	12	586.99	48.92	.000	48.92	.00
OB VISITS/COMPRE PERI	948	1,579	106,975.38	67.75	.012	112.84	.80
OTHER OUTPATIENT	2,477	2,695	62,892.71	23.34	.020	25.39	.47
INPATIENT VISITS	886	3,155	192,964.29	61.16	.024	217.79	1.44
HOSPITAL VISITS	848	2,501	107,350.81	42.92	.019	126.59	.80
CRITICAL CARE	79	652	85,539.08	131.19	.005	1082.77	.64
SNF/ICF/TRANS IP CARE	1	2	74.40	37.20	.000	74.40	.00
OPHTHALMOLOGICAL SERVICES	181	233	9,233.49	39.63	.002	51.01	.07
EXAMINATIONS	175	227	9,137.95	40.26	.002	52.22	.07
SERVICES AND MATERIALS	6	6	95.54	15.92	.000	15.92	.00
INPATIENT HOSPITAL SURGERY	947	4,042	531,333.68	131.45	.030	561.07	3.96
PRINCIPAL SURGEON	627	744	427,727.98	574.90	.006	682.18	3.19
ASSISTANT SURGEON	141	137	24,326.64	177.57	.001	172.53	.18
ANESTHESIOLOGIST	367	3,161	79,279.06	25.08	.024	216.02	.59
OUTPATIENT SURGERY	1,970	3,977	279,858.87	70.37	.030	142.06	2.08
PRINCIPAL SURGEON	1,718	2,241	232,004.31	103.53	.017	135.04	1.73
ASSISTANT SURGEON	23	23	2,381.36	103.54	.000	103.54	.02
ANESTHESIOLOGIST	365	1,713	45,473.20	26.55	.013	124.58	.34
DIALYSIS	1	6	339.60	56.60	.000	339.60	.00
PATHOLOGY	2,468	3,356	45,201.58	13.47	.025	18.32	.34
RADIOLOGY	5,135	7,981	416,573.35	52.20	.059	81.12	3.10
PSYCHIATRY	207	226	7,453.48	32.98	.002	36.01	.06



IMMUNIZATION AND INJECTION	609	1,698		62,247.52		36.66	.013	102.21	.46
OTHER SERVICES/ALL X-OVERS	2,366	10,234		182,565.43		17.84	.076	77.16	1.36
@PHARMACY	29,122	78,817	\$	4,237,321.99	\$	53.76	.587	\$ 145.50	\$ 31.56
PRESCRIPTION DRUGS	28,955	64,440		3,817,697.46		59.24	.480	131.85	28.44
SNF/ICF	58	379		18,455.91		48.70	.003	318.21	.14
OUTPATIENTS	28,919	64,061		3,799,241.55		59.31	.477	131.38	28.30
MEDICAL SUPPLIES	740	14,377		419,624.53		29.19	.107	567.06	3.13
@DENTIST	7,662	36,888	\$	1,154,266.69	\$	31.29	.275	\$ 150.65	\$ 8.60
VISITS - DIAGNOSTIC	5,658	25,533		381,565.45		14.94	.190	67.44	2.84
ORAL SURGERY	974	1,849		99,976.40		54.07	.014	102.65	.74
DRUGS	357	382		8,720.00		22.83	.003	24.43	.06
ANESTHESIA	22	23		2,350.00		102.17	.000	106.82	.02
PERIODONTICS	82	82		8,089.20		98.65	.001	98.65	.06
ENDODONTICS	713	1,323		202,232.96		152.86	.010	283.64	1.51
RESTORATIVE DENTISTRY	2,536	6,827		382,578.51		56.04	.051	150.86	2.85
PROSTHETICS	31	32		938.50		29.33	.000	30.27	.01
DENTURES, STAYPLATES	79	192		26,531.00		138.18	.001	335.84	.20
SPACE MAINTAINERS	72	93		9,898.00		106.43	.001	137.47	.07
MAXILLOFACIAL SERVICES	12	13		6,395.05		491.93	.000	532.92	.05
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000	700.00	.01
ORTHODONTIC SERVICES	231	314		22,791.62		72.58	.002	98.67	.17
ALL OTHER SERVICES	226	224		1,500.00		6.70	.002	6.64	.01
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PLACER COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES								

----- MONTHLY AVERAGE -----									
134,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	1,546	4,323	\$ 98,095.66	\$ 22.69	.032	\$ 63.45	\$ .73		
DIAGNOSTIC AND ANC. PROCED	1,149	1,194	50,933.93	42.66	.009	44.33	.38		
EYE APPLIANCES	1,118	3,085	45,903.76	14.88	.023	41.06	.34		
OTHER OPTOMETRIC SERVICES	37	44	1,257.97	28.59	.000	34.00	.01		
@CHIROPRACTOR	235	366	\$ 6,081.90	\$ 16.62	.003	\$ 25.88	\$ .05		
VISITS	235	366	6,081.90	16.62	.003	25.88	.05		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	139	192	\$ 7,183.51	\$ 37.41	.001	\$ 51.68	\$ .05		
MEDICINE/INJECTIONS	125	150	5,769.77	38.47	.001	46.16	.04		
SURGERY/ANES.	6	6	456.27	76.05	.000	76.05	.00		
RADIO./PATHOLOGY	7	8	146.24	18.28	.000	20.89	.00		
OTHER	17	28	811.23	28.97	.000	47.72	.01		
@HOME HEALTH AGENCY	77	238	\$ 14,489.74	\$ 60.88	.002	\$ 188.18	\$ .11		
NURSE ANESTHESIST	3	18	\$ 371.98	\$ 20.67	.000	\$ 123.99	\$ .00		
NURSE MIDWIFE	8	74	\$ 1,896.08	\$ 25.62	.001	\$ 237.01	\$ .01		
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00		
FAMILY NURSE PRACTITIONER	33	99	\$ 2,575.93	\$ 26.02	.001	\$ 78.06	\$ .02		
@TOTAL HOSPITAL	11,196	45,220	\$ 5,511,548.08	\$ 121.88	.337	\$ 492.28	\$ 41.05		
HOSP INPATIENT TOTAL	842	3,216	4,422,994.01	1375.31	.024	5252.96	32.95		
HSC HOSPITALS	593	2,249	2,894,819.41	1287.16	.017	4881.65	21.56		
NON-HSC HOSPITAL TOTAL	248	967	1,519,557.00	1571.41	.007	6127.25	11.32		
ACCOMMODATIONS	248	967	550,938.65	569.74	.007	2221.53	4.10		
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.000	173.48	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	247	966	550,765.17	570.15	.007	2229.82	4.10		
ANCILLARIES	248	0	968,618.35	.00	.000	3905.72	7.22		
INPATIENT CROSSOVERS	8	0	8,617.60	.00	.000	1077.20	.06		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		



HOSP OUTPATIENT TOTAL	10,704	42,004	1,088,554.07	25.92	.313	101.70	8.11
MEDICAL	1,371	1,999	70,623.54	35.33	.015	51.51	.53
SURGERY	1,051	1,194	41,923.05	35.11	.009	39.89	.31
PATHOLOGY	3,950	16,135	176,015.50	10.91	.120	44.56	1.31
RADIOLOGY	2,520	3,597	248,445.23	69.07	.027	98.59	1.85
ROOM USE	7,687	9,564	353,492.94	36.96	.071	45.99	2.63
CROSSOVERS/ALL OTH OUTPTNT	3,586	9,515	198,053.81	20.81	.071	55.23	1.48
@COUNTY HOSPITAL TOTAL	21	90	9,676.08	107.51	.001	460.77	.07
CO HOSPITAL INPATIENT TOTAL	3	5	6,568.02	1313.60	.000	2189.34	.05
HSC HOSPITALS	3	5	6,568.02	1313.60	.000	2189.34	.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	85	3,108.06	36.57	.001	163.58	.02
MEDICAL	3	3	124.46	41.49	.000	41.49	.00
SURGERY	6	9	618.45	68.72	.000	103.08	.00
PATHOLOGY	8	28	565.47	20.20	.000	70.68	.00
RADIOLOGY	3	4	121.03	30.26	.000	40.34	.00
ROOM USE	12	20	1,050.45	52.52	.000	87.54	.01
CROSSOVERS/ALL OTH OUTPTNT	10	21	628.20	29.91	.000	62.82	.00

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL FAMILIES

					----- MONTHLY AVERAGE -----			
134,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11,179	45,130	\$ 5,501,872.00	\$ 121.91	.336	\$ 492.16	\$ 40.98	
COMM HOSP INPATIENT TOTAL	840	3,211	4,416,425.99	1375.41	.024	5257.65	32.90	
HSC HOSPITALS	591	2,244	2,888,251.39	1287.10	.017	4887.06	21.51	
NON-HSC HOSPITALS TOTAL	248	967	1,519,557.00	1571.41	.007	6127.25	11.32	
ACCOMMODATIONS	248	967	550,938.65	569.74	.007	2221.53	4.10	
ADMINISTRATIVE DAYS	1	1	173.48	173.48	.000	173.48	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	247	966	550,765.17	570.15	.007	2229.82	4.10	
ANCILLARIES	248	0	968,618.35	.00	.000	3905.72	7.22	
INPATIENT CROSSOVERS	8	0	8,617.60	.00	.000	1077.20	.06	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	10,688	41,919	1,085,446.01	25.89	.312	101.56	8.09	
MEDICAL	1,368	1,996	70,499.08	35.32	.015	51.53	.53	
SURGERY	1,045	1,185	41,304.60	34.86	.009	39.53	.31	
PATHOLOGY	3,943	16,107	175,450.03	10.89	.120	44.50	1.31	
RADIOLOGY	2,518	3,593	248,324.20	69.11	.027	98.62	1.85	
ROOM USE	7,676	9,544	352,442.49	36.93	.071	45.91	2.63	
CROSSOVERS/ALL OTH OUTPTNT	3,579	9,494	197,425.61	20.79	.071	55.16	1.47	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	12	346	\$ 34,910.59	\$ 100.90	.003	\$ 2909.22	\$ .26	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	



LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	346	34,910.59	100.90	.003	2909.22	.26
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	93	7,919.34	85.15	.001	1319.89	.06
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	93	7,919.34	85.15	.001	1319.89	.06
@REHABILITATION FACILITY	29	70	2,441.87	34.88	.001	84.20	.02
HOSPITAL BASED	29	70	2,441.87	34.88	.001	84.20	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4,921	14,749	207,875.37	14.09	.110	42.24	1.55
PATHOLOGY	4,918	14,746	207,800.62	14.09	.110	42.25	1.55
XO AND OTHERS	3	3	74.75	24.92	.000	24.92	.00
@ORGANIZED OUTPATIENT CLINIC	5,592	10,933	1,291,690.06	118.15	.081	230.99	9.62
CLINIC	1,445	4,283	123,884.63	28.92	.032	85.73	.92
SURGICENTER	132	714	24,384.51	34.15	.005	184.73	.18
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4,093	5,936	1,143,420.92	192.62	.044	279.36	8.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,832
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR ALL FAMILIES						

----- MONTHLY AVERAGE -----							
134,250 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,942	29,895	\$ 337,923.87	\$ 11.30	.223	\$ 85.72	\$ 2.52
DURABLE MED. EQUIP.	300	903	41,137.28	45.56	.007	137.12	.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	573	10,678	115,215.90	10.79	.080	201.07	.86
AMBULANCES/AIR TRANS	558	4,727	74,934.61	15.85	.035	134.29	.56
OTHER TRANS	15	5,931	15,022.01	2.53	.044	1001.47	.11
OTHER SERVICES	20	20	25,259.28	1262.96	.000	1262.96	.19
ACUPUNCTURE	6	14	274.37	19.60	.000	45.73	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	170	170	17,850.00	105.00	.001	105.00	.13
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	6	124.19	20.70	.000	124.19	.00
OPTICIAN	1,078	2,278	20,581.74	9.04	.017	19.09	.15
PHYSICAL THERAPIST	8	46	737.91	16.04	.000	92.24	.01
PORTABLE X-RAY	1	2	.14	.07	.000	.14	.00
PROSTHETIST/ORTHOTISTS	62	95	11,308.29	119.03	.001	182.39	.08
PROSTHETICS	62	95	11,308.29	119.03	.001	182.39	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	8	44	2,421.61	55.04	.000	302.70	.02
SPEECH AND AUDIOLOGY	110	252	14,827.56	58.84	.002	134.80	.11
HOSPICE SERVICES	7	145	19,728.22	136.06	.001	2818.32	.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,514	7,291	67,277.78	9.23	.054	44.44	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	7,971	26,438.88	3.32	.059	136.99	.20
@CALIF. CHILDREN SERVICES*	555	10,117	\$ 1,346,850.21	\$ 133.13	.075	\$ 2426.76	\$ 10.03



@XOVER EXCLUDING STATE HOSP\*\* 186 1,021 \$ 32,030.47 \$ 31.37 .008 \$ 172.21 \$ .24

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,833

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	11,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		5,278	46,467	\$ 1,783,777.64	\$ 38.39	3.998	\$ 337.96	\$ 153.46
@PHYSICIANS SERVICES		2,104	5,341	\$ 289,556.19	\$ 54.21	.459	\$ 137.62	\$ 24.91
OUTPATIENT VISITS		1,590	2,162	89,887.10	41.58	.186	56.53	7.73
OFFICE VISITS		986	1,245	41,707.39	33.50	.107	42.30	3.59
HOME VISITS		11	11	402.27	36.57	.001	36.57	.03
EMERGENCY ROOM		400	461	24,857.49	53.92	.040	62.14	2.14
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		162	282	18,391.80	65.22	.024	113.53	1.58
OTHER OUTPATIENT		147	163	4,528.15	27.78	.014	30.80	.39
INPATIENT VISITS		142	549	36,882.65	67.18	.047	259.74	3.17
HOSPITAL VISITS		136	450	22,708.66	50.46	.039	166.98	1.95
CRITICAL CARE		14	90	13,907.09	154.52	.008	993.36	1.20
SNF/ICF/TRANS IP CARE		5	9	266.90	29.66	.001	53.38	.02
OPHTHALMOLOGICAL SERVICES		9	9	345.42	38.38	.001	38.38	.03
EXAMINATIONS		9	9	345.42	38.38	.001	38.38	.03
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		124	666	75,049.84	112.69	.057	605.24	6.46
PRINCIPAL SURGEON		76	92	58,081.87	631.32	.008	764.24	5.00
ASSISTANT SURGEON		16	16	3,009.51	188.09	.001	188.09	.26
ANESTHESIOLOGIST		59	558	13,958.46	25.02	.048	236.58	1.20
OUTPATIENT SURGERY		166	365	24,627.72	67.47	.031	148.36	2.12
PRINCIPAL SURGEON		149	188	20,436.75	108.71	.016	137.16	1.76
ASSISTANT SURGEON		2	2	337.68	168.84	.000	168.84	.03
ANESTHESIOLOGIST		40	175	3,853.29	22.02	.015	96.33	.33
DIALYSIS		0	0	.00	.00	.000	.00	.00
PATHOLOGY		166	295	5,906.97	20.02	.025	35.58	.51
RADIOLOGY		473	795	40,758.92	51.27	.068	86.17	3.51
PSYCHIATRY		10	10	399.21	39.92	.001	39.92	.03
IMMUNIZATION AND INJECTION		48	124	1,992.69	16.07	.011	41.51	.17
OTHER SERVICES/ALL X-OVERS		160	366	13,705.67	37.45	.031	85.66	1.18
@PHARMACY		2,207	15,117	\$ 364,294.82	\$ 24.10	1.300	\$ 165.06	\$ 31.34
PRESCRIPTION DRUGS		2,183	4,676	348,461.38	74.52	.402	159.63	29.98
SNF/ICF		22	230	12,269.91	53.35	.020	557.72	1.06
OUTPATIENTS		2,161	4,446	336,191.47	75.62	.382	155.57	28.92
MEDICAL SUPPLIES		80	10,441	15,833.44	1.52	.898	197.92	1.36
@DENTIST		537	3,018	\$ 86,332.03	\$ 28.61	.260	\$ 160.77	\$ 7.43
VISITS - DIAGNOSTIC		425	2,189	34,849.50	15.92	.188	82.00	3.00
ORAL SURGERY		49	106	7,447.00	70.25	.009	151.98	.64
DRUGS		20	23	400.00	17.39	.002	20.00	.03
ANESTHESIA		0	0	.00	.00	.000	.00	.00
PERIODONTICS		2	2	236.00	118.00	.000	118.00	.02
ENDODONTICS		37	79	11,150.48	141.15	.007	301.36	.96
RESTORATIVE DENTISTRY		168	559	28,539.05	51.05	.048	169.88	2.46
PROSTHETICS		0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES		3	3	250.00	83.33	.000	83.33	.02
SPACE MAINTAINERS		5	7	360.00	51.43	.001	72.00	.03



MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	19	30	2,900.00	96.67	.003	152.63	.25
ALL OTHER SERVICES	21	19	150.00	7.89	.002	7.14	.01

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MOPO24      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

11,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	123	332	\$ 7,827.86	\$ 23.58	.029	\$ 63.64	\$ .67
DIAGNOSTIC AND ANC. PROCED	104	107	4,583.76	42.84	.009	44.07	.39
EYE APPLIANCES	80	224	3,206.60	14.32	.019	40.08	.28
OTHER OPTOMETRIC SERVICES	1	1	37.50	37.50	.000	37.50	.00
@CHIROPRACTOR	20	30	\$ 501.60	\$ 16.72	.003	\$ 25.08	\$ .04
VISITS	20	30	501.60	16.72	.003	25.08	.04
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	15	\$ 543.82	\$ 36.25	.001	\$ 60.42	\$ .05
MEDICINE/INJECTIONS	9	11	389.28	35.39	.001	43.25	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	1	2	119.94	59.97	.000	119.94	.01
@HOME HEALTH AGENCY	21	1,532	\$ 50,152.11	\$ 32.74	.132	\$ 2388.20	\$ 4.31
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	3	20	\$ 1,729.60	\$ 86.48	.002	\$ 576.53	\$ .15
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	7	12	\$ 270.01	\$ 22.50	.001	\$ 38.57	\$ .02
@TOTAL HOSPITAL	995	5,149	\$ 755,024.23	\$ 146.64	.443	\$ 758.82	\$ 64.95
HOSP INPATIENT TOTAL	109	521	646,029.21	1239.98	.045	5926.87	55.58
HSC HOSPITALS	86	406	514,774.44	1267.92	.035	5985.75	44.29
NON-HSC HOSPITAL TOTAL	23	115	131,254.77	1141.35	.010	5706.73	11.29
ACCOMMODATIONS	23	115	61,038.12	530.77	.010	2653.83	5.25



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	115	61,038.12	530.77	.010	2653.83	5.25
ANCILLARIES	23	0	70,216.65	.00	.000	3052.90	6.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	931	4,628	108,995.02	23.55	.398	117.07	9.38
MEDICAL	142	193	7,653.68	39.66	.017	53.90	.66
SURGERY	89	114	3,296.96	28.92	.010	37.04	.28
PATHOLOGY	400	1,855	21,566.85	11.63	.160	53.92	1.86
RADIOLOGY	220	330	25,980.11	78.73	.028	118.09	2.24
ROOM USE	659	866	31,476.06	36.35	.075	47.76	2.71
CROSSOVERS/ALL OTH OUTPTNT	325	1,270	19,021.36	14.98	.109	58.53	1.64
@COUNTY HOSPITAL TOTAL	10	68	\$ 5,500.13	\$ 80.88	.006	\$ 550.01	\$ .47
CO HOSPITAL INPATIENT TOTAL	1	4	3,954.00	988.50	.000	3954.00	.34
HSC HOSPITALS	1	4	3,954.00	988.50	.000	3954.00	.34
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	64	1,546.13	24.16	.006	171.79	.13
MEDICAL	1	1	.00	.00	.000	.00	.00
SURGERY	3	4	122.40	30.60	.000	40.80	.01
PATHOLOGY	7	27	504.85	18.70	.002	72.12	.04
RADIOLOGY	1	1	25.69	25.69	.000	25.69	.00
ROOM USE	5	12	634.33	52.86	.001	126.87	.05
CROSSOVERS/ALL OTH OUTPTNT	5	19	258.86	13.62	.002	51.77	.02

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	11,624 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	985	5,081	\$	749,524.10	\$ 147.52	.437	\$ 760.94	\$ 64.48
COMM HOSP INPATIENT TOTAL	108	517		642,075.21	1241.92	.044	5945.14	55.24
HSC HOSPITALS	85	402		510,820.44	1270.70	.035	6009.65	43.95
NON-HSC HOSPITALS TOTAL	23	115		131,254.77	1141.35	.010	5706.73	11.29
ACCOMMODATIONS	23	115		61,038.12	530.77	.010	2653.83	5.25
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	115		61,038.12	530.77	.010	2653.83	5.25
ANCILLARIES	23	0		70,216.65	.00	.000	3052.90	6.04
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	922	4,564		107,448.89	23.54	.393	116.54	9.24
MEDICAL	141	192		7,653.68	39.86	.017	54.28	.66
SURGERY	86	110		3,174.56	28.86	.009	36.91	.27
PATHOLOGY	393	1,828		21,062.00	11.52	.157	53.59	1.81
RADIOLOGY	219	329		25,954.42	78.89	.028	118.51	2.23
ROOM USE	654	854		30,841.73	36.11	.073	47.16	2.65
CROSSOVERS/ALL OTH OUTPTNT	320	1,251		18,762.50	15.00	.108	58.63	1.61
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	231	\$	22,995.02	\$ 99.55	.020	\$ 7665.01	\$ 1.98
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	231		22,995.02	99.55	.020	7665.01	1.98
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$	48.36	\$ 48.36	.000	\$ 48.36	\$ .00
HOSPITAL BASED	1	1		48.36	48.36	.000	48.36	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	448	1,143	\$	16,314.62	\$ 14.27	.098	\$ 36.42	\$ 1.40
PATHOLOGY	448	1,143		16,314.62	14.27	.098	36.42	1.40
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	703	1,282	\$	127,428.07	\$ 99.40	.110	\$ 181.26	\$ 10.96
CLINIC	292	645		22,171.24	34.37	.055	75.93	1.91
SURGICENTER	8	59		1,669.94	28.30	.005	208.74	.14
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	420	578		103,586.89	179.22	.050	246.64	8.91

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,836  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
11,624 ELIGIBLES							
@ALL OTHER PROVIDERS	307	13,244	\$ 60,759.30	\$ 4.59	1.139	\$ 197.91	\$ 5.23
DURABLE MED. EQUIP.	41	95	8,223.50	86.56	.008	200.57	.71
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	69	814	19,441.11	23.88	.070	281.76	1.67
AMBULANCES/AIR TRANS	68	749	12,070.93	16.12	.064	177.51	1.04
OTHER TRANS	3	57	165.22	2.90	.005	55.07	.01
OTHER SERVICES	7	8	7,204.96	900.62	.001	1029.28	.62
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	36	36	3,780.00	105.00	.003	105.00	.33
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	82	174	2,651.56	15.24	.015	32.34	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.000	38.68	.00
PROSTHETIST/ORTHOTISTS	2	3	116.42	38.81	.000	58.21	.01
PROSTHETICS	2	3	116.42	38.81	.000	58.21	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	27	644.97	23.89	.002	80.62	.06
HOSPICE SERVICES	6	132	16,484.16	124.88	.011	2747.36	1.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00



LOCAL EDUCATION AGENCIES	40	248	2,377.94	9.59	.021	59.45	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	11,713	7,000.96	.60	1.008	205.91	.60
@CALIF. CHILDREN SERVICES*	111	5,577	\$ 312,406.77	\$ 56.02	.480	\$ 2814.48	\$ 26.88
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,837
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR RENAL DIALYSIS	AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00



PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,838  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR RENAL DIALYSIS      AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,839  
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  
PLACER COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,840  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR RENAL DIALYSIS      AID CODES 71

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000 \$ .00 \$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00



PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,841

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	.00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00



MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,842  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00



CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,843  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00



ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00		.000		.00
INDEPENDENT FACILITY	0	0		.00		.000		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00		.000		.00
XO AND OTHERS	0	0		.00		.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00		.000		.00
SURGICENTER	0	0		.00		.000		.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00
RURAL HEALTH CLINIC	0	0		.00		.000		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,844  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00



IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
MOP024      FEE-FOR-SERVICE/DENTAL  
PLACER COUNTY      SUMMARY OF SERVICES FOR IRCA ALIENS

PAGE 9,845  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00



IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.000		.00
SNF/ICF	0	0		.00		.000		.00
OUTPATIENTS	0	0		.00		.000		.00
MEDICAL SUPPLIES	0	0		.00		.000		.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.000		.00
ORAL SURGERY	0	0		.00		.000		.00
DRUGS	0	0		.00		.000		.00
ANESTHESIA	0	0		.00		.000		.00
PERIODONTICS	0	0		.00		.000		.00
ENDODONTICS	0	0		.00		.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.000		.00
PROSTHETICS	0	0		.00		.000		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00
SPACE MAINTAINERS	0	0		.00		.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00
ORTHODONTIC SERVICES	0	0		.00		.000		.00
ALL OTHER SERVICES	0	0		.00		.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024	FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	.000	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000		.00
EYE APPLIANCES	0	0		.00	.000		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.000		.00
@CHIROPRACTOR	0	0	\$	.00	.000	\$	.00
VISITS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
@PODIATRIST	0	0	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.000		.00
SURGERY/ANES.	0	0		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00	.000		.00
OTHER	0	0		.00	.000		.00
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00



HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,847
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS						AID CODES 51 52 56 57

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							PAGE 9,848
MPO24	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00	.00
BLOOD BANK	0	0		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00	.00
OTHER TRANS	0	0		.00	.000		.00	.00
OTHER SERVICES	0	0		.00	.000		.00	.00
ACUPUNCTURE	0	0		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00	.00
OPTICIAN	0	0		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00	.00
PROSTHETICS	0	0		.00	.000		.00	.00
ORTHOTICS	0	0		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00	.00
HOSPICE SERVICES	0	0		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00	.00



@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,849  
MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	1,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS		508	3,041	\$ 415,001.93	\$ 136.47	2.658	\$ 816.93	\$ 362.76
@PHYSICIANS SERVICES		314	1,001	\$ 89,807.46	\$ 89.72	.875	\$ 286.01	\$ 78.50
OUTPATIENT VISITS		175	285	16,884.77	59.24	.249	96.48	14.76
OFFICE VISITS		39	45	1,697.09	37.71	.039	43.52	1.48
HOME VISITS		0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM		38	45	2,589.61	57.55	.039	68.15	2.26
PREVENTIVE CARE		0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI		101	193	12,529.34	64.92	.169	124.05	10.95
OTHER OUTPATIENT		2	2	68.73	34.37	.002	34.37	.06
INPATIENT VISITS		48	129	7,195.93	55.78	.113	149.92	6.29
HOSPITAL VISITS		47	105	4,325.53	41.20	.092	92.03	3.78
CRITICAL CARE		1	24	2,870.40	119.60	.021	2870.40	2.51
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES		0	0	.00	.00	.000	.00	.00
EXAMINATIONS		0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY		73	311	52,385.46	168.44	.272	717.61	45.79
PRINCIPAL SURGEON		51	61	44,460.12	728.85	.053	871.77	38.86
ASSISTANT SURGEON		9	9	2,054.56	228.28	.008	228.28	1.80
ANESTHESIOLOGIST		26	241	5,870.78	24.36	.211	225.80	5.13
OUTPATIENT SURGERY		27	29	1,170.85	40.37	.025	43.36	1.02
PRINCIPAL SURGEON		27	29	1,170.85	40.37	.025	43.36	1.02



ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	39	46	731.20	15.90	.040	18.75	.64
RADIOLOGY	91	151	6,996.16	46.33	.132	76.88	6.12
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	112.76	56.38	.002	56.38	.10
OTHER SERVICES/ALL X-OVERS	29	48	4,330.33	90.22	.042	149.32	3.79
@PHARMACY	144	288	\$ 12,831.78	\$ 44.55	.252	\$ 89.11	\$ 11.22
PRESCRIPTION DRUGS	143	281	12,269.51	43.66	.246	85.80	10.73
SNF/ICF	1	1	22.05	22.05	.001	22.05	.02
OUTPATIENTS	142	280	12,247.46	43.74	.245	86.25	10.71
MEDICAL SUPPLIES	4	7	562.27	80.32	.006	140.57	.49
@DENTIST	3	5	.00	.00	.004	.00	.00
VISITS - DIAGNOSTIC	2	4	.00	.00	.003	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	.00	.00	.001	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024 FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F							

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03/14/05

1,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	7	\$ 373.97	\$ 53.42	.006	\$ 93.49	\$ .33
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	209	1,348	\$ 302,281.55	\$ 224.24	1.178	\$ 1446.32	\$ 264.23
HOSP INPATIENT TOTAL	55	201	256,912.14	1278.17	.176	4671.13	224.57
HSC HOSPITALS	27	88	104,509.78	1187.61	.077	3870.73	91.35
NON-HSC HOSPITAL TOTAL	28	113	152,402.36	1348.69	.099	5442.94	133.22
ACCOMMODATIONS	28	113	56,600.60	500.89	.099	2021.45	49.48



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	113	56,600.60	500.89	.099	2021.45	49.48
ANCILLARIES	28	0	95,801.76	.00	.000	3421.49	83.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	176	1,147	45,369.41	39.55	1.003	257.78	39.66
MEDICAL	11	17	582.36	34.26	.015	52.94	.51
SURGERY	5	5	149.28	29.86	.004	29.86	.13
PATHOLOGY	104	450	4,388.27	9.75	.393	42.19	3.84
RADIOLOGY	37	44	3,381.16	76.84	.038	91.38	2.96
ROOM USE	78	124	3,942.72	31.80	.108	50.55	3.45
CROSSOVERS/ALL OTH OUTPTNT	89	507	32,925.62	64.94	.443	369.95	28.78
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,851  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	1,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	209	1,348	\$	302,281.55	\$ 224.24	1.178	\$ 1446.32	\$ 264.23
COMM HOSP INPATIENT TOTAL	55	201		256,912.14	1278.17	.176	4671.13	224.57
HSC HOSPITALS	27	88		104,509.78	1187.61	.077	3870.73	91.35
NON-HSC HOSPITALS TOTAL	28	113		152,402.36	1348.69	.099	5442.94	133.22
ACCOMMODATIONS	28	113		56,600.60	500.89	.099	2021.45	49.48
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	113		56,600.60	500.89	.099	2021.45	49.48
ANCILLARIES	28	0		95,801.76	.00	.000	3421.49	83.74
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	176	1,147		45,369.41	39.55	1.003	257.78	39.66
MEDICAL	11	17		582.36	34.26	.015	52.94	.51
SURGERY	5	5		149.28	29.86	.004	29.86	.13
PATHOLOGY	104	450		4,388.27	9.75	.393	42.19	3.84
RADIOLOGY	37	44		3,381.16	76.84	.038	91.38	2.96
ROOM USE	78	124		3,942.72	31.80	.108	50.55	3.45
CROSSOVERS/ALL OTH OUTPTNT	89	507		32,925.62	64.94	.443	369.95	28.78
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



MENTALLY ILL	0	0		.00		.000		.00	.00
DEVELOP. DISABLED	0	0		.00		.000		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.000		.00	.00
LEV B-REHAB MD	0	0		.00		.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.000		.00	.00
LEV B-REGULAR	0	0		.00		.000		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00	\$
ICF DDH	0	0		.00		.000		.00	.00
ICF DD	0	0		.00		.000		.00	.00
ICF DDN/DDCN	0	0		.00		.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.000		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.000		.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.000		.00	.00
INDEPENDENT FACILITY	0	0		.00		.000		.00	.00
@LABORATORY FACILITY	92	274	\$	4,269.67	\$	15.58	.240	\$	46.41
PATHOLOGY	92	274		4,269.67		15.58	.240		46.41
XO AND OTHERS	0	0		.00		.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	53	\$	2,607.69	\$	49.20	.046	\$	200.59
CLINIC	10	48		1,676.52		34.93	.042		167.65
SURGICENTER	0	0		.00		.000		.00	.00
HEROIN DETOX CLINIC	0	0		.00		.000		.00	.00
RURAL HEALTH CLINIC	3	5		931.17		186.23	.004		310.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F								

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03/14/05

						----- MONTHLY AVERAGE -----		
1,144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	26	65	\$ 2,829.81	\$ 43.54	.057	\$ 108.84	\$ 2.47	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	40	390.15	9.75	.035	130.05	.34	
AMBULANCES/AIR TRANS	3	40	390.15	9.75	.035	130.05	.34	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	22	23	2,415.00	105.00	.020	109.77	2.11	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	



LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	24.66	12.33	.002	24.66	.02
@CALIF. CHILDREN SERVICES*	7	67	\$ 28,236.17	\$ 421.44	.059	\$ 4033.74	\$ 24.68
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,853  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	77	418	\$ 26,669.63	\$ 63.80	5.359	\$ 346.36	\$ 341.92
@PHYSICIANS SERVICES	42	115	\$ 7,797.58	\$ 67.81	1.474	\$ 185.66	\$ 99.97
OUTPATIENT VISITS	24	31	1,418.48	45.76	.397	59.10	18.19
OFFICE VISITS	22	28	1,221.20	43.61	.359	55.51	15.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	197.28	65.76	.038	65.76	2.53
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	203.60	40.72	.064	50.90	2.61
EXAMINATIONS	4	5	203.60	40.72	.064	50.90	2.61
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	7	224.73	32.10	.090	224.73	2.88
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	224.73	32.10	.090	224.73	2.88
OUTPATIENT SURGERY	8	17	3,235.30	190.31	.218	404.41	41.48
PRINCIPAL SURGEON	5	6	2,891.36	481.89	.077	578.27	37.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	11	343.94	31.27	.141	114.65	4.41
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	5	43.66	8.73	.064	8.73	.56
RADIOLOGY	11	18	1,531.27	85.07	.231	139.21	19.63
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	32	1,140.54	35.64	.410	228.11	14.62
@PHARMACY	31	98	\$ 5,177.16	\$ 52.83	1.256	\$ 167.01	\$ 66.37
PRESCRIPTION DRUGS	30	96	5,111.36	53.24	1.231	170.38	65.53
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	30	96	5,111.36	53.24	1.231	170.38	65.53
MEDICAL SUPPLIES	1	2	65.80	32.90	.026	65.80	.84
@DENTIST	12	33	\$ 1,937.15	\$ 58.70	.423	\$ 161.43	\$ 24.84
VISITS - DIAGNOSTIC	8	21	542.50	25.83	.269	67.81	6.96
ORAL SURGERY	2	2	170.00	85.00	.026	85.00	2.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00



PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	920.00	306.67	.038	920.00	11.79
RESTORATIVE DENTISTRY	4	7	304.65	43.52	.090	76.16	3.91
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,854  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	18 \$	423.78	\$ 23.54	.231	\$ 84.76	\$ 5.43
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.051	47.45	2.43
EYE APPLIANCES	5	14	233.98	16.71	.179	46.80	3.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2 \$	81.20	\$ 40.60	.026	\$ 81.20	\$ 1.04
MEDICINE/INJECTIONS	1	1	57.20	57.20	.013	57.20	.73
SURGERY/ANES.	1	1	24.00	24.00	.013	24.00	.31
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00



FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	25	\$	7,766.75	\$	310.67	.321	\$	1294.46	\$	99.57
HOSP INPATIENT TOTAL	2	6		7,110.00		1185.00	.077		3555.00		91.15
HSC HOSPITALS	2	6		7,110.00		1185.00	.077		3555.00		91.15
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	19		656.75		34.57	.244		164.19		8.42
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		100.60		100.60	.013		100.60		1.29
PATHOLOGY	3	8		90.32		11.29	.103		30.11		1.16
RADIOLOGY	1	1		58.22		58.22	.013		58.22		.75
ROOM USE	2	4		262.59		65.65	.051		131.30		3.37
CROSSOVERS/ALL OTH OUTPTNT	2	5		145.02		29.00	.064		72.51		1.86
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,855  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	25	\$ 7,766.75	\$ 310.67	.321	\$ 1294.46	\$ 99.57
COMM HOSP INPATIENT TOTAL	2	6	7,110.00	1185.00	.077	3555.00	91.15
HSC HOSPITALS	2	6	7,110.00	1185.00	.077	3555.00	91.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	19	656.75	34.57	.244	164.19	8.42
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	1	1		100.60	100.60	.013	100.60	1.29
PATHOLOGY	3	8		90.32	11.29	.103	30.11	1.16
RADIOLOGY	1	1		58.22	58.22	.013	58.22	.75
ROOM USE	2	4		262.59	65.65	.051	131.30	3.37
CROSSOVERS/ALL OTH OUTPTNT	2	5		145.02	29.00	.064	72.51	1.86
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	86	\$	902.91	10.50	1.103	69.45	11.58
PATHOLOGY	13	86		902.91	10.50	1.103	69.45	11.58
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13	30	\$	2,448.68	81.62	.385	188.36	31.39
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	6	23		1,131.14	49.18	.295	188.52	14.50
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	7		1,317.54	188.22	.090	188.22	16.89

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,856  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

78 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER      COST PER PER ELIG      USER      ELIGIBLE
@ALL OTHER PROVIDERS	5	11	\$ 134.42	\$ 12.22	.141      \$ 26.88      \$ 1.72
DURABLE MED. EQUIP.	0	0	.00	.00	.000      .00      .00
BLOOD BANK	0	0	.00	.00	.000      .00      .00
HEARING AID DISPENSERS	0	0	.00	.00	.000      .00      .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000      .00      .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000      .00      .00
OTHER TRANS	0	0	.00	.00	.000      .00      .00
OTHER SERVICES	0	0	.00	.00	.000      .00      .00
ACUPUNCTURE	0	0	.00	.00	.000      .00      .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000      .00      .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000      .00      .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000      .00      .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000      .00      .00
OPTICIAN	5	11	134.42	12.22	.141      26.88      1.72
PHYSICAL THERAPIST	0	0	.00	.00	.000      .00      .00
PORTABLE X-RAY	0	0	.00	.00	.000      .00      .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000      .00      .00



PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,857  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	352	4,237	\$ 338,183.97	\$ 79.82	12.957	\$ 960.75	\$ 1034.20
@PHYSICIANS SERVICES	214	1,802	\$ 78,636.99	\$ 43.64	5.511	\$ 367.46	\$ 240.48
OUTPATIENT VISITS	144	224	7,506.09	33.51	.685	52.13	22.95
OFFICE VISITS	123	188	5,734.28	30.50	.575	46.62	17.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	19	22	1,485.65	67.53	.067	78.19	4.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	286.16	20.44	.043	22.01	.88
INPATIENT VISITS	10	92	4,302.74	46.77	.281	430.27	13.16
HOSPITAL VISITS	10	92	4,302.74	46.77	.281	430.27	13.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	59	4,765.25	80.77	.180	366.56	14.57
PRINCIPAL SURGEON	6	8	3,423.71	427.96	.024	570.62	10.47
ASSISTANT SURGEON	2	2	329.86	164.93	.006	164.93	1.01
ANESTHESIOLOGIST	6	49	1,011.68	20.65	.150	168.61	3.09
OUTPATIENT SURGERY	26	68	6,076.80	89.36	.208	233.72	18.58
PRINCIPAL SURGEON	23	29	5,084.28	175.32	.089	221.06	15.55
ASSISTANT SURGEON	1	1	107.22	107.22	.003	107.22	.33
ANESTHESIOLOGIST	7	38	885.30	23.30	.116	126.47	2.71
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	73	1,163.22	15.93	.223	40.11	3.56
RADIOLOGY	83	318	30,229.86	95.06	.972	364.22	92.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	815	20,734.82	25.44	2.492	1481.06	63.41
OTHER SERVICES/ALL X-OVERS	48	153	3,858.21	25.22	.468	80.38	11.80
@PHARMACY	230	1,001	\$ 117,624.64	\$ 117.51	3.061	\$ 511.41	\$ 359.71
PRESCRIPTION DRUGS	229	852	116,877.42	137.18	2.606	510.38	357.42
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	229	852	116,877.42	137.18	2.606	510.38	357.42



MEDICAL SUPPLIES	10	149		747.22	5.01	.456	74.72	2.29
@DENTIST	11	37	\$	1,332.90	36.02	.113	121.17	4.08
VISITS - DIAGNOSTIC	5	26		487.90	18.77	.080	97.58	1.49
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		118.00	118.00	.003	118.00	.36
ENDODONTICS	2	2		330.00	165.00	.006	165.00	1.01
RESTORATIVE DENTISTRY	3	4		178.00	44.50	.012	59.33	.54
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4		219.00	54.75	.012	219.00	.67
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,858	
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05	
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						AID CODES 0M 0N 0P	

	327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	15	\$	334.26	\$ 22.28	.046	\$ 83.57	\$ 1.02
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	47.45	.009	47.45	.44
EYE APPLIANCES	4	12		191.91	15.99	.037	47.98	.59
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACITOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	25	\$	1,809.22	\$ 72.37	.076	\$ 301.54	\$ 5.53
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	100	1,002	\$	119,471.96	\$ 119.23	3.064	\$ 1194.72	\$ 365.36
HOSP INPATIENT TOTAL	10	66		81,747.88	1238.60	.202	8174.79	249.99
HSC HOSPITALS	9	61		73,859.00	1210.80	.187	8206.56	225.87
NON-HSC HOSPITAL TOTAL	1	5		7,888.88	1577.78	.015	7888.88	24.13
ACCOMMODATIONS	1	5		3,208.50	641.70	.015	3208.50	9.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5		3,208.50	641.70	.015	3208.50	9.81
ANCILLARIES	1	0		4,680.38	.00	.000	4680.38	14.31
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	96	936		37,724.08	40.30	2.862	392.96	115.36
MEDICAL	21	23		1,027.24	44.66	.070	48.92	3.14
SURGERY	10	13		965.82	74.29	.040	96.58	2.95
PATHOLOGY	51	433		3,306.98	7.64	1.324	64.84	10.11
RADIOLOGY	34	109		10,919.90	100.18	.333	321.17	33.39
ROOM USE	53	74		2,922.05	39.49	.226	55.13	8.94



CROSSEOVERS/ALL OTH OUTPTNT	28	284		18,582.09	65.43	.869	663.65	56.83
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

	327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	100		1,002	\$ 119,471.96	\$ 119.23	3.064	\$ 1194.72	\$ 365.36
COMM HOSP INPATIENT TOTAL	10		66	81,747.88	1238.60	.202	8174.79	249.99
HSC HOSPITALS	9		61	73,859.00	1210.80	.187	8206.56	225.87
NON-HSC HOSPITALS TOTAL	1		5	7,888.88	1577.78	.015	7888.88	24.13
ACCOMMODATIONS	1		5	3,208.50	641.70	.015	3208.50	9.81
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00



ALL OTHER ACCOM	1	5	3,208.50	641.70	.015	3208.50	9.81
ANCILLARIES	1	0	4,680.38	.00	.000	4680.38	14.31
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	96	936	37,724.08	40.30	2.862	392.96	115.36
MEDICAL	21	23	1,027.24	44.66	.070	48.92	3.14
SURGERY	10	13	965.82	74.29	.040	96.58	2.95
PATHOLOGY	51	433	3,306.98	7.64	1.324	64.84	10.11
RADIOLOGY	34	109	10,919.90	100.18	.333	321.17	33.39
ROOM USE	53	74	2,922.05	39.49	.226	55.13	8.94
CROSSOVERS/ALL OTH OUTPTNT	28	284	18,582.09	65.43	.869	663.65	56.83
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	68	206	\$ 3,478.95	\$ 16.89	.630	\$ 51.16	\$ 10.64
PATHOLOGY	68	206	3,478.95	16.89	.630	51.16	10.64
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	56	90	\$ 14,287.14	\$ 158.75	.275	\$ 255.13	\$ 43.69
CLINIC	7	18	529.58	29.42	.055	75.65	1.62
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	49	72	13,757.56	191.08	.220	280.77	42.07

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PLACER COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

327 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	59	\$ 1,207.91	\$ 20.47	.180	\$ 75.49	\$ 3.69
DURABLE MED. EQUIP.	1	2	127.03	63.52	.006	127.03	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	45	631.01	14.02	.138	90.14	1.93
AMBULANCES/AIR TRANS	7	44	621.13	14.12	.135	88.73	1.90
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	9.88	9.88	.003	9.88	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00



IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	85.44	10.68	.024	21.36	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	356.42	118.81	.009	118.81	1.09
PROSTHETICS	3	3	356.42	118.81	.009	118.81	1.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.003	8.01	.02
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	6	22	159.23	7.24	.067	26.54	.49

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,861
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY	AID CODES OR OT OU OV	

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	41	610	\$ 16,359.57	\$ 26.82	16.486	\$ 399.01	\$ 442.15
@PHYSICIANS SERVICES	13	516	\$ 10,006.80	\$ 19.39	13.946	\$ 769.75	\$ 270.45
OUTPATIENT VISITS	6	14	576.05	41.15	.378	96.01	15.57
OFFICE VISITS	6	13	507.70	39.05	.351	84.62	13.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.027	68.35	1.85
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	16	581.96	36.37	.432	193.99	15.73
PRINCIPAL SURGEON	1	1	257.91	257.91	.027	257.91	6.97
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15	324.05	21.60	.405	162.03	8.76
OUTPATIENT SURGERY	4	7	359.78	51.40	.189	89.95	9.72
PRINCIPAL SURGEON	3	3	265.77	88.59	.081	88.59	7.18
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	94.01	23.50	.108	94.01	2.54
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	49	437.38	8.93	1.324	54.67	11.82
RADIOLOGY	6	43	2,277.28	52.96	1.162	379.55	61.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00



IMMUNIZATION AND INJECTION	3	349		5,353.42		15.34	9.432	1784.47	144.69
OTHER SERVICES/ALL X-OVERS	4	38		420.93		11.08	1.027	105.23	11.38
@PHARMACY	24	50	\$	3,475.72	\$	69.51	1.351	144.82	\$ 93.94
PRESCRIPTION DRUGS	24	50		3,475.72		69.51	1.351	144.82	93.94
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	24	50		3,475.72		69.51	1.351	144.82	93.94
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES OR OT OU OV

37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	6	22	\$ 1,591.15	\$ 72.33	.595	\$ 265.19	\$ 43.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00



HOSP OUTPATIENT TOTAL	6	22	1,591.15	72.33	.595	265.19	43.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	76.35	76.35	.027	76.35	2.06
PATHOLOGY	3	10	105.24	10.52	.270	35.08	2.84
RADIOLOGY	4	6	1,265.31	210.89	.162	316.33	34.20
ROOM USE	3	3	102.30	34.10	.081	34.10	2.76
CROSSOVERS/ALL OTH OUTPTNT	1	2	41.95	20.98	.054	41.95	1.13
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,863  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

	37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	22	\$	1,591.15	\$ 72.33	.595	\$ 265.19	\$ 43.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	22		1,591.15	72.33	.595	265.19	43.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		76.35	76.35	.027	76.35	2.06
PATHOLOGY	3	10		105.24	10.52	.270	35.08	2.84
RADIOLOGY	4	6		1,265.31	210.89	.162	316.33	34.20
ROOM USE	3	3		102.30	34.10	.081	34.10	2.76
CROSSOVERS/ALL OTH OUTPTNT	1	2		41.95	20.98	.054	41.95	1.13
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00



LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	4	9	\$	278.09	\$ 30.90	.243	\$ 69.52	\$ 7.52	
PATHOLOGY	4	9		278.09	30.90	.243	69.52	7.52	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	3	6	\$	950.40	\$ 158.40	.162	\$ 316.80	\$ 25.69	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	3	6		950.40	158.40	.162	316.80	25.69	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,864
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY								AID CODES 0R 0T 0U 0V

						----- MONTHLY AVERAGE -----		
37 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	7	\$	57.41	\$ 8.20	.189	\$ 19.14	\$ 1.55
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00



AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	7	57.41	8.20	.189	19.14	1.55
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	3	8	60.86	7.61	.216	20.29	1.64

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,865
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL	

364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	393	4,847	\$ 354,543.54	\$ 73.15	13.316	\$ 902.15	\$ 974.02
@PHYSICIANS SERVICES	227	2,318	\$ 88,643.79	\$ 38.24	6.368	\$ 390.50	\$ 243.53
OUTPATIENT VISITS	150	238	8,082.14	33.96	.654	53.88	22.20
OFFICE VISITS	129	201	6,241.98	31.05	.552	48.39	17.15
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	20	23	1,554.00	67.57	.063	77.70	4.27
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	286.16	20.44	.038	22.01	.79
INPATIENT VISITS	10	92	4,302.74	46.77	.253	430.27	11.82
HOSPITAL VISITS	10	92	4,302.74	46.77	.253	430.27	11.82
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	16	75	5,347.21	71.30	.206	334.20	14.69
PRINCIPAL SURGEON	7	9	3,681.62	409.07	.025	525.95	10.11
ASSISTANT SURGEON	2	2	329.86	164.93	.005	164.93	.91
ANESTHESIOLOGIST	8	64	1,335.73	20.87	.176	166.97	3.67
OUTPATIENT SURGERY	30	75	6,436.58	85.82	.206	214.55	17.68
PRINCIPAL SURGEON	26	32	5,350.05	167.19	.088	205.77	14.70



ASSISTANT SURGEON	1	1	107.22	107.22	.003	107.22	.29
ANESTHESIOLOGIST	8	42	979.31	23.32	.115	122.41	2.69
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	37	122	1,600.60	13.12	.335	43.26	4.40
RADIOLOGY	89	361	32,507.14	90.05	.992	365.25	89.31
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	1,164	26,088.24	22.41	3.198	1534.60	71.67
OTHER SERVICES/ALL X-OVERS	52	191	4,279.14	22.40	.525	82.29	11.76
@PHARMACY	254	1,051	\$ 121,100.36	\$ 115.22	2.887	\$ 476.77	\$ 332.69
PRESCRIPTION DRUGS	253	902	120,353.14	133.43	2.478	475.70	330.64
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	253	902	120,353.14	133.43	2.478	475.70	330.64
MEDICAL SUPPLIES	10	149	747.22	5.01	.409	74.72	2.05
@DENTIST	11	37	\$ 1,332.90	\$ 36.02	.102	\$ 121.17	\$ 3.66
VISITS - DIAGNOSTIC	5	26	487.90	18.77	.071	97.58	1.34
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.003	118.00	.32
ENDODONTICS	2	2	330.00	165.00	.005	165.00	.91
RESTORATIVE DENTISTRY	3	4	178.00	44.50	.011	59.33	.49
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	4	219.00	54.75	.011	219.00	.60
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,866
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	15	\$ 334.26	\$ 22.28	.041	\$ 83.57	\$ .92
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.008	47.45	.39
EYE APPLIANCES	4	12	191.91	15.99	.033	47.98	.53
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	6	25	\$ 1,809.22	\$ 72.37	.069	\$ 301.54	\$ 4.97
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	106	1,024	\$ 121,063.11	\$ 118.23	2.813	\$ 1142.10	\$ 332.59
HOSP INPATIENT TOTAL	10	66	81,747.88	1238.60	.181	8174.79	224.58
HSC HOSPITALS	9	61	73,859.00	1210.80	.168	8206.56	202.91
NON-HSC HOSPITAL TOTAL	1	5	7,888.88	1577.78	.014	7888.88	21.67
ACCOMMODATIONS	1	5	3,208.50	641.70	.014	3208.50	8.81



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	3,208.50	641.70	.014	3208.50	8.81
ANCILLARIES	1	0	4,680.38	.00	.000	4680.38	12.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	102	958	39,315.23	41.04	2.632	385.44	108.01
MEDICAL	21	23	1,027.24	44.66	.063	48.92	2.82
SURGERY	11	14	1,042.17	74.44	.038	94.74	2.86
PATHOLOGY	54	443	3,412.22	7.70	1.217	63.19	9.37
RADIOLOGY	38	115	12,185.21	105.96	.316	320.66	33.48
ROOM USE	56	77	3,024.35	39.28	.212	54.01	8.31
CROSSOVERS/ALL OTH OUTPTNT	29	286	18,624.04	65.12	.786	642.21	51.16
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,867  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

	364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	1,024	\$	121,063.11	\$ 118.23	2.813	\$ 1142.10	\$ 332.59
COMM HOSP INPATIENT TOTAL	10	66		81,747.88	1238.60	.181	8174.79	224.58
HSC HOSPITALS	9	61		73,859.00	1210.80	.168	8206.56	202.91
NON-HSC HOSPITALS TOTAL	1	5		7,888.88	1577.78	.014	7888.88	21.67
ACCOMMODATIONS	1	5		3,208.50	641.70	.014	3208.50	8.81
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5		3,208.50	641.70	.014	3208.50	8.81
ANCILLARIES	1	0		4,680.38	.00	.000	4680.38	12.86
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	102	958		39,315.23	41.04	2.632	385.44	108.01
MEDICAL	21	23		1,027.24	44.66	.063	48.92	2.82
SURGERY	11	14		1,042.17	74.44	.038	94.74	2.86
PATHOLOGY	54	443		3,412.22	7.70	1.217	63.19	9.37
RADIOLOGY	38	115		12,185.21	105.96	.316	320.66	33.48
ROOM USE	56	77		3,024.35	39.28	.212	54.01	8.31
CROSSOVERS/ALL OTH OUTPTNT	29	286		18,624.04	65.12	.786	642.21	51.16
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	72	215	\$	3,757.04	\$	17.47	.591	\$	52.18
PATHOLOGY	72	215		3,757.04		17.47	.591		52.18
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	59	96	\$	15,237.54	\$	158.72	.264	\$	258.26
CLINIC	7	18		529.58		29.42	.049		75.65
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	52	78		14,707.96		188.56	.214		282.85
#CALIF DEPT OF HEALTH SERV									
MOP024									
PLACER COUNTY									

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR BCCTP-TOTAL

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
364 ELIGIBLES							
@ALL OTHER PROVIDERS	19	66	\$ 1,265.32	\$ 19.17	.181	\$ 66.60	\$ 3.48
DURABLE MED. EQUIP.	1	2	127.03	63.52	.005	127.03	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	45	631.01	14.02	.124	90.14	1.73
AMBULANCES/AIR TRANS	7	44	621.13	14.12	.121	88.73	1.71
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	9.88	9.88	.003	9.88	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	85.44	10.68	.022	21.36	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	356.42	118.81	.008	118.81	.98
PROSTHETICS	3	3	356.42	118.81	.008	118.81	.98
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00



LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	65.42	8.18	.022	16.36	.18
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	9	30	\$ 220.09	\$ 7.34	.082	\$ 24.45	\$ .60

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,869
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR QMB - ONLY	AID CODE 80

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	6	15	\$ 1,345.90	\$ 89.73	.071	\$ 224.32	\$ 6.38
@PHYSICIANS SERVICES	2	3	\$ 47.26	\$ 15.75	.014	\$ 23.63	\$ .22
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00



INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3		47.26	15.75	.014	23.63	.22
@PHARMACY	3	8	\$	1,020.32	\$ 127.54	.038	\$ 340.11	\$ 4.84
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	3	8		1,020.32	127.54	.038	340.11	4.84
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,870  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00



FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,871  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	.000	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.000		.00
HSC HOSPITALS	0	0		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		.00
ACCOMMODATIONS	0	0		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00	.000		.00
ALL OTHER ACCOM	0	0		.00	.000		.00
ANCILLARIES	0	0		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00	.000		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0		.00	.000		.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,872  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS    COST PER    COST PER PER ELIG    USER    ELIGIBLE
@ALL OTHER PROVIDERS	1	4	\$ 278.32	\$ 69.58	.019 \$ 278.32 \$ 1.32
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	1	4	278.32	69.58	.019 278.32 1.32
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00



PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5	11	\$ 1,067.58	\$ 97.05	.052	\$ 213.52	\$ 5.06

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

PAGE 9,873

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

5,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	1,796	5,829	\$ 234,274.06	\$ 40.19	1.070	\$ 130.44	\$ 42.99
@PHYSICIANS SERVICES	948	1,771	\$ 57,958.57	\$ 32.73	.325	\$ 61.14	\$ 10.63
OUTPATIENT VISITS	847	1,104	34,619.74	31.36	.203	40.87	6.35
OFFICE VISITS	676	864	25,325.39	29.31	.159	37.46	4.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	141	147	6,683.17	45.46	.027	47.40	1.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	83	93	2,611.18	28.08	.017	31.46	.48
INPATIENT VISITS	8	31	1,825.08	58.87	.006	228.14	.33
HOSPITAL VISITS	8	31	1,825.08	58.87	.006	228.14	.33
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	6	229.49	38.25	.001	57.37	.04
EXAMINATIONS	4	6	229.49	38.25	.001	57.37	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	42	2,579.65	61.42	.008	515.93	.47
PRINCIPAL SURGEON	2	4	1,579.05	394.76	.001	789.53	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	38	1,000.60	26.33	.007	250.15	.18
OUTPATIENT SURGERY	55	139	7,097.00	51.06	.026	129.04	1.30
PRINCIPAL SURGEON	38	48	4,385.07	91.36	.009	115.40	.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	22	91	2,711.93	29.80	.017	123.27	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	74	116	1,666.05	14.36	.021	22.51	.31
RADIOLOGY	79	109	5,780.44	53.03	.020	73.17	1.06
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	9	34	211.88	6.23	.006	23.54	.04
OTHER SERVICES/ALL X-OVERS	59	189	3,916.26	20.72	.035	66.38	.72
@PHARMACY	688	1,278	\$ 28,428.65	\$ 22.24	.234	\$ 41.32	\$ 5.22
PRESCRIPTION DRUGS	684	1,106	27,034.60	24.44	.203	39.52	4.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	684	1,106	27,034.60	24.44	.203	39.52	4.96



MEDICAL SUPPLIES	11	172		1,394.05		8.10	.032	126.73		.26	
@DENTIST	193	981	\$	26,859.90	\$	27.38	.180	139.17	\$	4.93	
VISITS - DIAGNOSTIC	151	641		9,195.50		14.35	.118	60.90		1.69	
ORAL SURGERY	14	40		1,497.00		37.43	.007	106.93		.27	
DRUGS	25	27		575.00		21.30	.005	23.00		.11	
ANESTHESIA	0	0		.00		.00	.000	.00		.00	
PERIODONTICS	1	1		55.00		55.00	.000	55.00		.01	
ENDODONTICS	23	77		5,179.45		67.27	.014	225.19		.95	
RESTORATIVE DENTISTRY	55	191		10,037.95		52.55	.035	182.51		1.84	
PROSTHETICS	0	0		.00		.00	.000	.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00	
SPACE MAINTAINERS	2	2		320.00		160.00	.000	160.00		.06	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00	
ALL OTHER SERVICES	4	2		.00		.00	.000	.00		.00	
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5,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	6	\$ 250.55	\$ 41.76	.001	\$ 50.11	\$ .05
DIAGNOSTIC AND ANC. PROCED	5	5	229.24	45.85	.001	45.85	.04
EYE APPLIANCES	1	1	21.31	21.31	.000	21.31	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00



RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	3	\$ 164.91	\$ 54.97	.001	\$ 164.91	\$ .03
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	301	986	\$ 93,777.79	\$ 95.11	.181	\$ 311.55	\$ 17.21
HOSP INPATIENT TOTAL	12	58	70,558.50	1216.53	.011	5879.88	12.95
HSC HOSPITALS	12	58	70,558.50	1216.53	.011	5879.88	12.95
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	292	928	23,219.29	25.02	.170	79.52	4.26
MEDICAL	26	38	1,201.76	31.63	.007	46.22	.22
SURGERY	32	37	1,303.68	35.23	.007	40.74	.24
PATHOLOGY	81	284	2,338.47	8.23	.052	28.87	.43
RADIOLOGY	50	67	3,281.18	48.97	.012	65.62	.60
ROOM USE	240	285	10,965.20	38.47	.052	45.69	2.01
CROSSOVERS/ALL OTH OUTPTNT	90	217	4,129.00	19.03	.040	45.88	.76
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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5,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	301	986	\$ 93,777.79	\$ 95.11	.181	\$ 311.55	\$ 17.21
COMM HOSP INPATIENT TOTAL	12	58	70,558.50	1216.53	.011	5879.88	12.95
HSC HOSPITALS	12	58	70,558.50	1216.53	.011	5879.88	12.95
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00



ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	292	928	23,219.29	25.02	.170	79.52	4.26
MEDICAL	26	38	1,201.76	31.63	.007	46.22	.22
SURGERY	32	37	1,303.68	35.23	.007	40.74	.24
PATHOLOGY	81	284	2,338.47	8.23	.052	28.87	.43
RADIOLOGY	50	67	3,281.18	48.97	.012	65.62	.60
ROOM USE	240	285	10,965.20	38.47	.052	45.69	2.01
CROSSOVERS/ALL OTH OUTPTNT	90	217	4,129.00	19.03	.040	45.88	.76
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	1	\$ 32.80	\$ 32.80	.000	\$ 32.80	\$ .01
HOSPITAL BASED	1	1	32.80	32.80	.000	32.80	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	69	121	\$ 1,155.31	\$ 9.55	.022	\$ 16.74	\$ .21
PATHOLOGY	69	121	1,155.31	9.55	.022	16.74	.21
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	99	138	\$ 19,792.60	\$ 143.42	.025	\$ 199.93	\$ 3.63
CLINIC	13	14	592.01	42.29	.003	45.54	.11
SURGICENTER	4	28	1,018.97	36.39	.005	254.74	.19
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	82	96	18,181.62	189.39	.018	221.73	3.34

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PLACER COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

	5,450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	54	544	\$	5,852.98	\$ 10.76	.100	\$ 108.39	\$ 1.07
DURABLE MED. EQUIP.	3	3		299.97	99.99	.001	99.99	.06
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	34		877.81	25.82	.006	125.40	.16
AMBULANCES/AIR TRANS	7	34		877.81	25.82	.006	125.40	.16
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00



IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.001	75.97	.01
SPEECH AND AUDIOLOGY	6	12	715.26	59.61	.002	119.21	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	32	482	3,764.80	7.81	.088	117.65	.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	7	102.53	14.65	.001	25.63	.02
@CALIF. CHILDREN SERVICES*	40	2,375	\$ 56,425.52	\$ 23.76	.436	\$ 1410.64	\$ 10.35
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,877
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PLACER COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	AID CODES 7A 7C 8R 8T	

4,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,306	5,778	\$ 141,051.93	\$ 24.41	1.222	\$ 108.00	\$ 29.82
@PHYSICIANS SERVICES	454	729	\$ 21,973.58	\$ 30.14	.154	\$ 48.40	\$ 4.65
OUTPATIENT VISITS	388	441	15,112.81	34.27	.093	38.95	3.20
OFFICE VISITS	308	339	10,945.51	32.29	.072	35.54	2.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	65	3,204.96	49.31	.014	56.23	.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	37	37	962.34	26.01	.008	26.01	.20
INPATIENT VISITS	2	2	137.36	68.68	.000	68.68	.03
HOSPITAL VISITS	2	2	137.36	68.68	.000	68.68	.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	104.90	52.45	.000	52.45	.02
EXAMINATIONS	2	2	104.90	52.45	.000	52.45	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9	320.52CR	35.61CR	.002	320.52CR	.07CR
PRINCIPAL SURGEON	0	1CR	498.59CR	498.59	.000	.00	.11CR
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	178.07	17.81	.002	178.07	.04
OUTPATIENT SURGERY	26	48	2,372.02	49.42	.010	91.23	.50
PRINCIPAL SURGEON	25	45	2,266.66	50.37	.010	90.67	.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.001	105.36	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	43	47	368.54	7.84	.010	8.57	.08
RADIOLOGY	70	95	2,844.65	29.94	.020	40.64	.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00



IMMUNIZATION AND INJECTION	7	7		290.36	41.48	.001	41.48	.06
OTHER SERVICES/ALL X-OVERS	25	78		1,063.46	13.63	.016	42.54	.22
@PHARMACY	438	2,196	\$	35,343.74	16.09	.464	80.69	\$ 7.47
PRESCRIPTION DRUGS	434	687		34,924.02	50.84	.145	80.47	7.38
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	434	687		34,924.02	50.84	.145	80.47	7.38
MEDICAL SUPPLIES	9	1,509		419.72	.28	.319	46.64	.09
@DENTIST	263	1,311	\$	31,700.80	24.18	.277	120.54	\$ 6.70
VISITS - DIAGNOSTIC	212	1,016		16,050.20	15.80	.215	75.71	3.39
ORAL SURGERY	37	62		2,736.00	44.13	.013	73.95	.58
DRUGS	21	21		525.00	25.00	.004	25.00	.11
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	9	17		1,613.00	94.88	.004	179.22	.34
RESTORATIVE DENTISTRY	65	156		7,446.60	47.73	.033	114.56	1.57
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	4	5		600.00	120.00	.001	150.00	.13
MAXILLOFACIAL SERVICES	2	2		100.00	50.00	.000	50.00	.02
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	20	27		2,480.00	91.85	.006	124.00	.52
ALL OTHER SERVICES	7	5		150.00	30.00	.001	21.43	.03

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 PLACER COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

4,730 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	57	145	\$ 3,547.78	\$ 24.47	.031	\$ 62.24	\$ .75
DIAGNOSTIC AND ANC. PROCED	49	51	2,187.86	42.90	.011	44.65	.46
EYE APPLIANCES	33	94	1,359.92	14.47	.020	41.21	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	3	4	\$ 161.87	\$ 40.47	.001	\$ 53.96	\$ .03
MEDICINE/INJECTIONS	3	3	144.57	48.19	.001	48.19	.03
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	143	458	\$ 18,473.27	\$ 40.33	.097	\$ 129.18	\$ 3.91
HOSP INPATIENT TOTAL	2	4	3,766.60	941.65	.001	1883.30	.80
HSC HOSPITALS	2	4	3,766.60	941.65	.001	1883.30	.80
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00



HOSP OUTPATIENT TOTAL	141	454	14,706.67	32.39	.096	104.30	3.11
MEDICAL	21	36	1,175.88	32.66	.008	55.99	.25
SURGERY	13	13	281.46	21.65	.003	21.65	.06
PATHOLOGY	48	155	1,838.52	11.86	.033	38.30	.39
RADIOLOGY	46	61	6,116.61	100.27	.013	132.97	1.29
ROOM USE	96	114	4,162.47	36.51	.024	43.36	.88
CROSSOVERS/ALL OTH OUTPTNT	43	75	1,131.73	15.09	.016	26.32	.24
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,879
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
	AID CODES 7A 7C 8R 8T						
	----- MONTHLY AVERAGE -----						
4,730 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	143	458	\$ 18,473.27	\$ 40.33	.097	\$ 129.18	\$ 3.91



COMM HOSP INPATIENT TOTAL	2	4	3,766.60	941.65	.001	1883.30	.80
HSC HOSPITALS	2	4	3,766.60	941.65	.001	1883.30	.80
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	141	454	14,706.67	32.39	.096	104.30	3.11
MEDICAL	21	36	1,175.88	32.66	.008	55.99	.25
SURGERY	13	13	281.46	21.65	.003	21.65	.06
PATHOLOGY	48	155	1,838.52	11.86	.033	38.30	.39
RADIOLOGY	46	61	6,116.61	100.27	.013	132.97	1.29
ROOM USE	96	114	4,162.47	36.51	.024	43.36	.88
CROSSOVERS/ALL OTH OUTPTNT	43	75	1,131.73	15.09	.016	26.32	.24
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	42	110	1,885.63	17.14	.023	44.90	.40
PATHOLOGY	42	110	1,885.63	17.14	.023	44.90	.40
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	85	178	18,723.34	105.19	.038	220.27	3.96
CLINIC	10	63	1,439.39	22.85	.013	143.94	.30
SURGICENTER	1	7	257.06	36.72	.001	257.06	.05
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	74	108	17,026.89	157.66	.023	230.09	3.60

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,880  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR 100% PROGRAM      AID CODES 7A 7C 8R 8T

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
4,730 ELIGIBLES							
@ALL OTHER PROVIDERS	152	647	9,241.92	14.28	.137	60.80	1.95
DURABLE MED. EQUIP.	4	7	132.09	18.87	.001	33.02	.03
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	40	631.97	15.80	.008	126.39	.13



AMBULANCES/AIR TRANS	5	40	631.97	15.80	.008	126.39	.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	73	635.80	8.71	.015	19.87	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	129.16	64.58	.000	64.58	.03
PROSTHETICS	2	2	129.16	64.58	.000	64.58	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	1,725.95	862.98	.000	862.98	.36
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	106	516	5,899.45	11.43	.109	55.66	1.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	7	87.50	12.50	.001	14.58	.02
@CALIF. CHILDREN SERVICES*	6	15	\$ 2,095.84	\$ 139.72	.003	\$ 349.31	\$ .44
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,881
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	304	1,616	\$ 59,698.16	\$ 36.94	.000	\$ 196.38	\$ .00
@PHYSICIANS SERVICES	39	58	\$ 4,488.47	\$ 77.39	.000	\$ 115.09	\$ .00
OUTPATIENT VISITS	5	19	1,179.67	62.09	.000	235.93	.00
OFFICE VISITS	1	1	22.90	22.90	.000	22.90	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	18	1,156.77	64.27	.000	231.35	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	3	368.10	122.70	.000	122.70	.00
PRINCIPAL SURGEON	3	3	368.10	122.70	.000	122.70	.00



ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		11.94	5.97	.000	5.97	.00
RADIOLOGY	31	33		2,811.25	85.19	.000	90.69	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		117.51	117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	6	7	\$	66.64	9.52	.000	11.11	\$ .00
PRESCRIPTION DRUGS	6	7		66.64	9.52	.000	11.11	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	6	7		66.64	9.52	.000	11.11	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	.00	.000	.00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,882  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	8	10	\$ 450.41	\$ 45.04	.000	\$ 56.30	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	10	450.41	45.04	.000	56.30	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	7	238.54	34.08	.000	47.71	.00
RADIOLOGY	3	3	211.87	70.62	.000	70.62	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004							
MOP024							
FEE-FOR-SERVICE/DENTAL							
PLACER COUNTY							
SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G							

PAGE 9,883  
03/14/05

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	8	10	\$ 450.41	\$ 45.04	.000	\$ 56.30	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	10	450.41	45.04	.000	56.30	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	7	238.54	34.08	.000	47.71	.00
RADIOLOGY	3	3	211.87	70.62	.000	70.62	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00



MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	161	318	\$	6,787.83	\$	21.35	.000	\$	42.16
PATHOLOGY	161	318		6,787.83		21.35	.000		42.16
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	190	1,202	\$	45,699.81	\$	38.02	.000	\$	240.53
CLINIC	184	1,193		43,775.81		36.69	.000		237.91
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	6	9		1,924.00		213.78	.000		320.67

#CALIF DEPT OF HEALTH SERV  
 MOP024  
 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

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00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
----- MONTHLY AVERAGE -----							



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	21	21	\$	2,205.00	\$ 105.00	.000	\$ 105.00	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21		2,205.00	105.00	.000	105.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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	06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3	4	\$	406.61	\$ 101.65	.667	\$ 135.54	\$ 67.77
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRES PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00



INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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	06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 30.17	\$ 15.09	.333	\$ 30.17	\$ 5.03
PATHOLOGY	1	2	30.17	15.09	.333	30.17	5.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$ 376.44	\$ 188.22	.333	\$ 188.22	\$ 62.74
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2	376.44	188.22	.333	188.22	62.74

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06 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00



PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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PLACER COUNTY      SUMMARY OF SERVICES FOR      MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	357	1,797	\$ 182,336.61	\$ 101.47	5.134	\$ 510.75	\$ 520.96
@PHYSICIANS SERVICES	188	526	\$ 44,123.09	\$ 83.88	1.503	\$ 234.70	\$ 126.07
OUTPATIENT VISITS	83	119	8,367.89	70.32	.340	100.82	23.91
OFFICE VISITS	31	32	1,846.87	57.71	.091	59.58	5.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	461.99	57.75	.023	57.75	1.32
PREVENTIVE CARE	1	1	34.69	34.69	.003	34.69	.10
OB VISITS/COMPRE PERI	45	76	5,977.70	78.65	.217	132.84	17.08
OTHER OUTPATIENT	2	2	46.64	23.32	.006	23.32	.13
INPATIENT VISITS	20	38	1,619.05	42.61	.109	80.95	4.63



HOSPITAL VISITS	20	38		1,619.05		42.61	.109	80.95	4.63
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	38	168		23,252.71		138.41	.480	611.91	66.44
PRINCIPAL SURGEON	24	25		19,299.00		771.96	.071	804.13	55.14
ASSISTANT SURGEON	2	2		373.00		186.50	.006	186.50	1.07
ANESTHESIOLOGIST	17	141		3,580.71		25.40	.403	210.63	10.23
OUTPATIENT SURGERY	29	43		4,576.15		106.42	.123	157.80	13.07
PRINCIPAL SURGEON	24	30		3,875.14		129.17	.086	161.46	11.07
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	12	13		701.01		53.92	.037	58.42	2.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	18	22		186.72		8.49	.063	10.37	.53
RADIOLOGY	64	73		5,136.89		70.37	.209	80.26	14.68
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	43		654.83		15.23	.123	46.77	1.87
OTHER SERVICES/ALL X-OVERS	9	20		328.85		16.44	.057	36.54	.94
@PHARMACY	58	106	\$	2,638.95	\$	24.90	.303	45.50	7.54
PRESCRIPTION DRUGS	58	106		2,638.95		24.90	.303	45.50	7.54
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	58	106		2,638.95		24.90	.303	45.50	7.54
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,890		
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05		
PLACER COUNTY	SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N								

350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00



RADIO./PATHOLOGY	0	0		.00		.000	.00	.00
OTHER	0	0		.00		.000	.00	.00
@HOME HEALTH AGENCY	2	2	\$	104.99	\$	52.50	\$	52.50
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	83	449	\$	106,609.57	\$	237.44	1.283	\$ 1284.45
HOSP INPATIENT TOTAL	27	96		100,008.38		1041.75	.274	3704.01
HSC HOSPITALS	13	33		38,227.71		1158.42	.094	2940.59
NON-HSC HOSPITAL TOTAL	14	63		61,780.67		980.65	.180	4412.91
ACCOMMODATIONS	14	63		32,328.00		513.14	.180	2309.14
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	14	63		32,328.00		513.14	.180	2309.14
ANCILLARIES	14	0		29,452.67		.00	.000	2103.76
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
HOSP OUTPATIENT TOTAL	68	353		6,601.19		18.70	1.009	97.08
MEDICAL	5	5		218.07		43.61	.014	43.61
SURGERY	9	10		330.50		33.05	.029	36.72
PATHOLOGY	47	194		2,344.77		12.09	.554	49.89
RADIOLOGY	7	9		907.98		100.89	.026	129.71
ROOM USE	30	43		1,856.44		43.17	.123	61.88
CROSSOVERS/ALL OTH OUTPTNT	25	92		943.43		10.25	.263	37.74
@COUNTY HOSPITAL TOTAL	3	34	\$	995.80	\$	29.29	.097	\$ 331.93
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
CO HOSP OUTPATIENT TOTAL	3	34		995.80		29.29	.097	331.93
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	3	4		118.44		29.61	.011	39.48
PATHOLOGY	2	12		303.29		25.27	.034	151.65
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	2	7		473.19		67.60	.020	236.60
CROSSOVERS/ALL OTH OUTPTNT	3	11		100.88		9.17	.031	33.63

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,891  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR      MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	80		415	\$ 105,613.77	\$ 254.49	1.186	\$ 1320.17	\$ 301.75
COMM HOSP INPATIENT TOTAL	27		96	100,008.38	1041.75	.274	3704.01	285.74
HSC HOSPITALS	13		33	38,227.71	1158.42	.094	2940.59	109.22
NON-HSC HOSPITALS TOTAL	14		63	61,780.67	980.65	.180	4412.91	176.52
ACCOMMODATIONS	14		63	32,328.00	513.14	.180	2309.14	92.37
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00



ALL OTHER ACCOM	14	63	32,328.00	513.14	.180	2309.14	92.37
ANCILLARIES	14	0	29,452.67	.00	.000	2103.76	84.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	65	319	5,605.39	17.57	.911	86.24	16.02
MEDICAL	5	5	218.07	43.61	.014	43.61	.62
SURGERY	6	6	212.06	35.34	.017	35.34	.61
PATHOLOGY	45	182	2,041.48	11.22	.520	45.37	5.83
RADIOLOGY	7	9	907.98	100.89	.026	129.71	2.59
ROOM USE	28	36	1,383.25	38.42	.103	49.40	3.95
CROSSOVERS/ALL OTH OUTPTNT	22	81	842.55	10.40	.231	38.30	2.41
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	95	260	\$ 3,743.60	\$ 14.40	.743	\$ 39.41	\$ 10.70
PATHOLOGY	95	260	3,743.60	14.40	.743	39.41	10.70
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	104	436	\$ 23,226.41	\$ 53.27	1.246	\$ 223.33	\$ 66.36
CLINIC	77	350	13,992.83	39.98	1.000	181.73	39.98
SURGICENTER	9	48	1,225.62	25.53	.137	136.18	3.50
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	18	38	8,007.96	210.74	.109	444.89	22.88

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,892  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR    MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18	18	\$	1,890.00	\$ 105.00	.051	\$ 105.00	\$ 5.40
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18		1,890.00	105.00	.051	105.00	5.40



IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,893
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES	AID CODE 38	

8,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,122	17,301	\$ 764,236.87	\$ 44.17	2.052	\$ 185.40	\$ 90.65
@PHYSICIANS SERVICES	1,786	4,097	\$ 183,303.76	\$ 44.74	.486	\$ 102.63	\$ 21.74
OUTPATIENT VISITS	1,427	1,838	68,260.65	37.14	.218	47.84	8.10
OFFICE VISITS	932	1,127	35,185.55	31.22	.134	37.75	4.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	387	455	23,543.58	51.74	.054	60.84	2.79
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	51	89	5,765.58	64.78	.011	113.05	.68
OTHER OUTPATIENT	150	166	3,728.55	22.46	.020	24.86	.44
INPATIENT VISITS	39	100	4,754.36	47.54	.012	121.91	.56
HOSPITAL VISITS	38	95	4,407.52	46.39	.011	115.99	.52
CRITICAL CARE	2	5	346.84	69.37	.001	173.42	.04
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	10	13	503.03	38.69	.002	50.30	.06
EXAMINATIONS	10	13	503.03	38.69	.002	50.30	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	46	192	26,323.29	137.10	.023	572.25	3.12
PRINCIPAL SURGEON	32	43	21,831.79	507.72	.005	682.24	2.59
ASSISTANT SURGEON	3	3	559.50	186.50	.000	186.50	.07
ANESTHESIOLOGIST	17	146	3,932.00	26.93	.017	231.29	.47
OUTPATIENT SURGERY	122	258	17,080.86	66.20	.031	140.01	2.03
PRINCIPAL SURGEON	109	133	14,036.02	105.53	.016	128.77	1.66
ASSISTANT SURGEON	2	2	200.30	100.15	.000	100.15	.02
ANESTHESIOLOGIST	17	123	2,844.54	23.13	.015	167.33	.34
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	138	191	1,603.43	8.39	.023	11.62	.19
RADIOLOGY	341	585	40,083.86	68.52	.069	117.55	4.75
PSYCHIATRY	10	10	329.80	32.98	.001	32.98	.04



IMMUNIZATION AND INJECTION	44	366		15,791.09		43.15	.043	358.89	1.87
OTHER SERVICES/ALL X-OVERS	130	544		8,573.39		15.76	.065	65.95	1.02
@PHARMACY	1,915	4,244	\$	208,473.61	\$	49.12	.503	108.86	24.73
PRESCRIPTION DRUGS	1,902	3,998		205,063.14		51.29	.474	107.81	24.32
SNF/ICF	4	39		1,420.99		36.44	.005	355.25	.17
OUTPATIENTS	1,902	3,959		203,642.15		51.44	.470	107.07	24.15
MEDICAL SUPPLIES	44	246		3,410.47		13.86	.029	77.51	.40
@DENTIST	404	1,765	\$	55,028.00	\$	31.18	.209	136.21	6.53
VISITS - DIAGNOSTIC	290	1,203		17,921.20		14.90	.143	61.80	2.13
ORAL SURGERY	46	99		5,358.25		54.12	.012	116.48	.64
DRUGS	17	18		415.00		23.06	.002	24.41	.05
ANESTHESIA	3	3		300.00		100.00	.000	100.00	.04
PERIODONTICS	2	2		138.00		69.00	.000	69.00	.02
ENDODONTICS	33	49		8,238.00		168.12	.006	249.64	.98
RESTORATIVE DENTISTRY	152	376		21,747.55		57.84	.045	143.08	2.58
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		50.00		50.00	.000	50.00	.01
SPACE MAINTAINERS	3	3		470.00		156.67	.000	156.67	.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	7	7		315.00		45.00	.001	45.00	.04
ALL OTHER SERVICES	9	4		75.00		18.75	.000	8.33	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								
MOP024	FEE-FOR-SERVICE/DENTAL								
PLACER COUNTY	SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES								
				AID CODE 38		----- MONTHLY AVERAGE -----			
8,431 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	66	183	\$	3,895.14	\$ 21.28	.022	\$ 59.02	\$ .46	
DIAGNOSTIC AND ANC. PROCED	44	46		1,918.54	41.71	.005	43.60	.23	
EYE APPLIANCES	49	135		1,947.19	14.42	.016	39.74	.23	
OTHER OPTOMETRIC SERVICES	2	2		29.41	14.71	.000	14.71	.00	



@CHIROPRACTOR	13	19	\$	317.68	\$	16.72	.002	\$	24.44	\$	.04
VISITS	13	19		317.68		16.72	.002		24.44		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$	243.80	\$	48.76	.001	\$	60.95	\$	.03
MEDICINE/INJECTIONS	4	4		228.80		57.20	.000		57.20		.03
SURGERY/ANES.	1	1		15.00		15.00	.000		15.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	6	\$	329.59	\$	54.93	.001	\$	164.80	\$	.04
NURSE ANESTHESIST	1	4	\$	62.92	\$	15.73	.000	\$	62.92	\$	.01
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	3	\$	94.82	\$	31.61	.000	\$	47.41	\$	.01
@TOTAL HOSPITAL	720	2,980	\$	193,880.00	\$	65.06	.353	\$	269.28	\$	23.00
HOSP INPATIENT TOTAL	36	99		124,458.65		1257.16	.012		3457.18		14.76
HSC HOSPITALS	27	64		79,900.18		1248.44	.008		2959.27		9.48
NON-HSC HOSPITAL TOTAL	10	35		44,558.47		1273.10	.004		4455.85		5.29
ACCOMMODATIONS	10	35		17,272.18		493.49	.004		1727.22		2.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	35		17,272.18		493.49	.004		1727.22		2.05
ANCILLARIES	10	0		27,286.29		.00	.000		2728.63		3.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	701	2,881		69,421.35		24.10	.342		99.03		8.23
MEDICAL	95	121		3,108.06		25.69	.014		32.72		.37
SURGERY	80	89		2,964.17		33.31	.011		37.05		.35
PATHOLOGY	256	1,049		11,437.30		10.90	.124		44.68		1.36
RADIOLOGY	165	226		16,387.69		72.51	.027		99.32		1.94
ROOM USE	556	710		26,175.18		36.87	.084		47.08		3.10
CROSSOVERS/ALL OTH OUTPTNT	282	686		9,348.95		13.63	.081		33.15		1.11
@COUNTY HOSPITAL TOTAL	1	1	\$	36.11	\$	36.11	.000	\$	36.11	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		36.11		36.11	.000		36.11		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		36.11		36.11	.000		36.11		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

	8,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		719	2,979	\$ 193,843.89	\$ 65.07	.353	\$ 269.60	\$ 22.99



COMM HOSP INPATIENT TOTAL	36	99	124,458.65	1257.16	.012	3457.18	14.76
HSC HOSPITALS	27	64	79,900.18	1248.44	.008	2959.27	9.48
NON-HSC HOSPITALS TOTAL	10	35	44,558.47	1273.10	.004	4455.85	5.29
ACCOMMODATIONS	10	35	17,272.18	493.49	.004	1727.22	2.05
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	35	17,272.18	493.49	.004	1727.22	2.05
ANCILLARIES	10	0	27,286.29	.00	.000	2728.63	3.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	700	2,880	69,385.24	24.09	.342	99.12	8.23
MEDICAL	95	121	3,108.06	25.69	.014	32.72	.37
SURGERY	80	89	2,964.17	33.31	.011	37.05	.35
PATHOLOGY	256	1,049	11,437.30	10.90	.124	44.68	1.36
RADIOLOGY	165	226	16,387.69	72.51	.027	99.32	1.94
ROOM USE	555	709	26,139.07	36.87	.084	47.10	3.10
CROSSOVERS/ALL OTH OUTPTNT	282	686	9,348.95	13.63	.081	33.15	1.11
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	1	2	40.23	20.12	.000	40.23	.00
HOSPITAL BASED	1	2	40.23	20.12	.000	40.23	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	318	916	13,023.67	14.22	.109	40.95	1.54
PATHOLOGY	318	916	13,023.67	14.22	.109	40.95	1.54
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	367	697	80,651.37	115.71	.083	219.76	9.57
CLINIC	85	254	6,791.12	26.74	.030	79.90	.81
SURGICENTER	10	63	2,063.65	32.76	.007	206.37	.24
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	277	380	71,796.60	188.94	.045	259.19	8.52

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PLACER COUNTY      SUMMARY OF SERVICES FOR      EDWARDS CASES IN PA-FAMILIES      AID CODE 38

----- MONTHLY AVERAGE -----							
8,431 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	236	2,380	\$ 24,892.28	\$ 10.46	.282	\$ 105.48	\$ 2.95
DURABLE MED. EQUIP.	17	29	1,061.89	36.62	.003	62.46	.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	47	398	5,538.02	13.91	.047	117.83	.66



AMBULANCES/AIR TRANS	46	267	5,293.74	19.83	.032	115.08	.63
OTHER TRANS	1	130	234.40	1.80	.015	234.40	.03
OTHER SERVICES	1	1	9.88	9.88	.000	9.88	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10	1,050.00	105.00	.001	105.00	.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	43	89	784.31	8.81	.011	18.24	.09
PHYSICAL THERAPIST	3	24	360.43	15.02	.003	120.14	.04
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	361.36	120.45	.000	180.68	.04
PROSTHETICS	2	3	361.36	120.45	.000	180.68	.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	34	977.77	28.76	.004	122.22	.12
HOSPICE SERVICES	2	61	8,304.54	136.14	.007	4152.27	.99
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	100	842	5,704.71	6.78	.100	57.05	.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	890	749.25	.84	.106	124.88	.09
@CALIF. CHILDREN SERVICES*	24	236	\$ 4,827.73	\$ 20.46	.028	\$ 201.16	\$ .57
@XOVER EXCLUDING STATE HOSP**	7	8	\$ 103.13	\$ 12.89	.001	\$ 14.73	\$ .01

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,897
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	148	1,264	\$ 109,014.65	\$ 86.25	4.699	\$ 736.59	\$ 405.26
@PHYSICIANS SERVICES	67	229	\$ 12,633.60	\$ 55.17	.851	\$ 188.56	\$ 46.97
OUTPATIENT VISITS	49	80	3,644.37	45.55	.297	74.37	13.55
OFFICE VISITS	28	35	1,247.50	35.64	.130	44.55	4.64
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	25	42	2,320.23	55.24	.156	92.81	8.63
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	76.64	25.55	.011	25.55	.28
INPATIENT VISITS	2	3	145.30	48.43	.011	72.65	.54
HOSPITAL VISITS	2	3	145.30	48.43	.011	72.65	.54
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	63	4,674.53	74.20	.234	934.91	17.38
PRINCIPAL SURGEON	4	8	3,735.21	466.90	.030	933.80	13.89
ASSISTANT SURGEON	1	1	106.85	106.85	.004	106.85	.40
ANESTHESIOLOGIST	1	54	832.47	15.42	.201	832.47	3.09
OUTPATIENT SURGERY	11	14	1,218.55	87.04	.052	110.78	4.53
PRINCIPAL SURGEON	11	14	1,218.55	87.04	.052	110.78	4.53



ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	12.34	2.06	.022	4.11	.05
RADIOLOGY	26	54	2,676.88	49.57	.201	102.96	9.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	9	261.63	29.07	.033	32.70	.97
@PHARMACY	105	354	\$ 29,093.47	\$ 82.18	1.316	\$ 277.08	\$ 108.15
PRESCRIPTION DRUGS	104	348	28,688.32	82.44	1.294	275.85	106.65
SNF/ICF	2	31	1,377.71	44.44	.115	688.86	5.12
OUTPATIENTS	104	317	27,310.61	86.15	1.178	262.60	101.53
MEDICAL SUPPLIES	4	6	405.15	67.53	.022	101.29	1.51
@DENTIST	13	60	\$ 1,284.00	\$ 21.40	.223	\$ 98.77	\$ 4.77
VISITS - DIAGNOSTIC	9	44	610.00	13.86	.164	67.78	2.27
ORAL SURGERY	1	1	45.00	45.00	.004	45.00	.17
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	215.00	215.00	.004	215.00	.80
RESTORATIVE DENTISTRY	5	12	384.00	32.00	.045	76.80	1.43
PROSTHETICS	2	2	30.00	15.00	.007	15.00	.11
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004						PAGE 9,898
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

		----- MONTHLY AVERAGE -----						
269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	3	8	\$ 180.60	\$ 22.58	.030	\$ 60.20	\$ .67	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.007	47.45	.35	
EYE APPLIANCES	2	6	85.70	14.28	.022	42.85	.32	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$ 9.50	\$ 9.50	.004	\$ 9.50	\$ .04	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	1	1	9.50	9.50	.004	9.50	.04	
@HOME HEALTH AGENCY	1	3	\$ 224.58	\$ 74.86	.011	\$ 224.58	\$ .83	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	39	395	\$ 57,573.72	\$ 145.76	1.468	\$ 1476.25	\$ 214.03	
HOSP INPATIENT TOTAL	5	42	48,864.71	1163.45	.156	9772.94	181.65	
HSC HOSPITALS	1	25	30,150.00	1206.00	.093	30150.00	112.08	
NON-HSC HOSPITAL TOTAL	4	17	18,714.71	1100.87	.063	4678.68	69.57	
ACCOMMODATIONS	4	17	7,113.20	418.42	.063	1778.30	26.44	



ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17	7,113.20	418.42	.063	1778.30	26.44
ANCILLARIES	4	0	11,601.51	.00	.000	2900.38	43.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	38	353	8,709.01	24.67	1.312	229.18	32.38
MEDICAL	12	20	428.33	21.42	.074	35.69	1.59
SURGERY	7	11	220.39	20.04	.041	31.48	.82
PATHOLOGY	21	147	1,338.89	9.11	.546	63.76	4.98
RADIOLOGY	18	43	3,798.21	88.33	.160	211.01	14.12
ROOM USE	29	52	1,987.41	38.22	.193	68.53	7.39
CROSSOVERS/ALL OTH OUTPTNT	23	80	935.78	11.70	.297	40.69	3.48
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,899



269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	39	395	\$ 57,573.72	\$ 145.76	1.468	\$ 1476.25	\$ 214.03
COMM HOSP INPATIENT TOTAL	5	42	48,864.71	1163.45	.156	9772.94	181.65
HSC HOSPITALS	1	25	30,150.00	1206.00	.093	30150.00	112.08
NON-HSC HOSPITALS TOTAL	4	17	18,714.71	1100.87	.063	4678.68	69.57
ACCOMMODATIONS	4	17	7,113.20	418.42	.063	1778.30	26.44
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17	7,113.20	418.42	.063	1778.30	26.44
ANCILLARIES	4	0	11,601.51	.00	.000	2900.38	43.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	38	353	8,709.01	24.67	1.312	229.18	32.38
MEDICAL	12	20	428.33	21.42	.074	35.69	1.59
SURGERY	7	11	220.39	20.04	.041	31.48	.82
PATHOLOGY	21	147	1,338.89	9.11	.546	63.76	4.98
RADIOLOGY	18	43	3,798.21	88.33	.160	211.01	14.12
ROOM USE	29	52	1,987.41	38.22	.193	68.53	7.39
CROSSOVERS/ALL OTH OUTPTNT	23	80	935.78	11.70	.297	40.69	3.48
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	27	368.73	13.66	.100	40.97	1.37
PATHOLOGY	9	27	368.73	13.66	.100	40.97	1.37
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	23	51	5,169.61	101.36	.190	224.77	19.22
CLINIC	2	3	42.49	14.16	.011	21.25	.16
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	13	166.66	12.82	.048	166.66	.62
RURAL HEALTH CLINIC	20	35	4,960.46	141.73	.130	248.02	18.44
#CALIF DEPT OF HEALTH SERV							
MOP024							
PLACER COUNTY							



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	136	\$	2,476.84	\$ 18.21	.506	\$ 123.84	\$ 9.21
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	95		2,033.51	21.41	.353	184.86	7.56
AMBULANCES/AIR TRANS	11	95		2,033.51	21.41	.353	184.86	7.56
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	4		90.11	22.53	.015	45.06	.33
OPTICIAN	2	4		33.28	8.32	.015	16.64	.12
PHYSICAL THERAPIST	3	10		139.57	13.96	.037	46.52	.52
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1		21.30	21.30	.004	21.30	.08
PROSTHETICS	1	1		21.30	21.30	.004	21.30	.08
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	22		159.07	7.23	.082	79.54	.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	4	4	\$	110.34	\$ 27.59	.015	\$ 27.59	\$ .41

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,901  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	300	6,030	\$ 396,442.69	\$ 65.75	17.788	\$ 1321.48	\$ 1169.45
@PHYSICIANS SERVICES	43	54	\$ 1,198.35	\$ 22.19	.159	\$ 27.87	\$ 3.53
OUTPATIENT VISITS	1	1	22.43	22.43	.003	22.43	.07
OFFICE VISITS	1	1	22.43	22.43	.003	22.43	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00



INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	42	53		1,175.92	22.19	.156	28.00	3.47
@PHARMACY	234	1,792	\$	65,721.50	\$ 36.67	5.286	\$ 280.86	\$ 193.87
PRESCRIPTION DRUGS	233	1,185		64,581.70	54.50	3.496	277.17	190.51
SNF/ICF	101	608		32,069.82	52.75	1.794	317.52	94.60
OUTPATIENTS	135	577		32,511.88	56.35	1.702	240.83	95.91
MEDICAL SUPPLIES	11	607		1,139.80	1.88	1.791	103.62	3.36
@DENTIST	12	26	\$	2,109.00	\$ 81.12	.077	\$ 175.75	\$ 6.22
VISITS - DIAGNOSTIC	9	15		400.00	26.67	.044	44.44	1.18
ORAL SURGERY	3	6		284.00	47.33	.018	94.67	.84
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	2		475.00	237.50	.006	237.50	1.40
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3		950.00	316.67	.009	475.00	2.80
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,902  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	8	21	\$	396.81	\$ 18.90	.062	\$ 49.60	\$ 1.17
DIAGNOSTIC AND ANC. PROCED	1	1		20.00	20.00	.003	20.00	.06
EYE APPLIANCES	6	17		297.35	17.49	.050	49.56	.88
OTHER OPTOMETRIC SERVICES	2	3		79.46	26.49	.009	39.73	.23
@CHIROPRACITOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	13	14	\$	87.46	\$ 6.25	.041	\$ 6.73	\$ .26
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	13	14		87.46	6.25	.041	6.73	.26
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	15	103	\$	3,156.00	\$	30.64	.304	\$	210.40	\$	9.31
HOSP INPATIENT TOTAL	3	0		2,414.86		.00	.000		804.95		7.12
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	0		2,414.86		.00	.000		804.95		7.12
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	103		741.14		7.20	.304		61.76		2.19
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	12	103		741.14		7.20	.304		61.76		2.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,903  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	103	\$ 3,156.00	\$ 30.64	.304	\$ 210.40	\$ 9.31
COMM HOSP INPATIENT TOTAL	3	0	2,414.86	.00	.000	804.95	7.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,414.86	.00	.000	804.95	7.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	103	741.14	7.20	.304	61.76	2.19
MEDICAL	0	0	.00	.00	.000	.00	.00



SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	12	103		741.14	7.20	.304	61.76	2.19
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	98	2,501	\$	315,069.36	\$ 125.98	7.378	\$ 3214.99	\$ 929.41
LEV A-INTERMEDIATE	1	36		1,834.39	50.96	.106	1834.39	5.41
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	97	2,465		313,234.97	127.07	7.271	3229.23	924.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$	59.37	\$ 59.37	.003	\$ 59.37	\$ .18
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1		59.37	59.37	.003	59.37	.18
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	20.34	\$ 20.34	.003	\$ 20.34	\$ .06
PATHOLOGY	1	1		20.34	20.34	.003	20.34	.06
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	975.56	\$ 121.95	.024	\$ 162.59	\$ 2.88
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00



RURAL HEALTH CLINIC  
#CALIF DEPT OF HEALTH SERV  
MOP024  
PLACER COUNTY

6 8 975.56 121.95 .024 162.59 2.88  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

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PAGE 9,904  
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339 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	36	1,509	\$ 7,648.94	\$ 5.07	4.451	\$ 212.47	\$ 22.56
DURABLE MED. EQUIP.	3	8	338.98	42.37	.024	112.99	1.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	100	446.52	4.47	.295	44.65	1.32
AMBULANCES/AIR TRANS	2	7	140.98	20.14	.021	70.49	.42
OTHER TRANS	8	86	296.76	3.45	.254	37.10	.88
OTHER SERVICES	1	7	8.78	1.25	.021	8.78	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	293.28	14.66	.059	32.59	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	99.09	33.03	.009	33.03	.29
HOSPICE SERVICES	2	54	6,135.48	113.62	.159	3067.74	18.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	1,324	335.59	.25	3.906	25.81	.99
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	92	785	\$ 23,362.26	\$ 29.76	2.316	\$ 253.94	\$ 68.92

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
MOP024  
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND

AID CODE 2E  
PAGE 9,905  
03/14/05

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	388	\$ 41,891.13	\$ 107.97	12.933	\$ 2204.80	\$ 1396.37
@PHYSICIANS SERVICES	2	2	\$ 32.92	\$ 16.46	.067	\$ 16.46	\$ 1.10
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00



HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	2	2		32.92	16.46	.067	16.46	1.10	
@PHARMACY	17	73	\$	5,178.00	\$ 70.93	2.433	\$ 304.59	\$ 172.60	
PRESCRIPTION DRUGS	16	69		4,871.15	70.60	2.300	304.45	162.37	
SNF/ICF	12	56		3,899.63	69.64	1.867	324.97	129.99	
OUTPATIENTS	4	13		971.52	74.73	.433	242.88	32.38	
MEDICAL SUPPLIES	2	4		306.85	76.71	.133	153.43	10.23	
@DENTIST	3	5	\$	133.00	\$ 26.60	.167	\$ 44.33	\$ 4.43	
VISITS - DIAGNOSTIC	1	2		10.00	5.00	.067	10.00	.33	
ORAL SURGERY	1	1		45.00	45.00	.033	45.00	1.50	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	2	2		78.00	39.00	.067	39.00	2.60	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004								PAGE 9,906
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E								

	30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	2	\$	11.78	\$ 5.89	.067	\$ 5.89	\$ .39
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00



RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	2	2		11.78		5.89	.067	5.89	.39
@HOME HEALTH AGENCY	0	0	\$	.00		.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$	.00		.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00		.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00		.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00		.00	.000	.00	.00
@TOTAL HOSPITAL	1	1	\$	46.98		46.98	.033	46.98	1.57
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1		46.98		46.98	.033	46.98	1.57
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		46.98		46.98	.033	46.98	1.57
@COUNTY HOSPITAL TOTAL	0	0	\$	.00		.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,907  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 46.98	\$ 46.98	.033	\$ 46.98	\$ 1.57
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00



ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1		46.98	46.98	.033	46.98	1.57
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		46.98	46.98	.033	46.98	1.57
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	10	305	\$	36,488.45	\$ 119.63	10.167	\$ 3648.85	\$ 1216.28
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	10	305		36,488.45	119.63	10.167	3648.85	1216.28
@INTERMEDIATE CARE FACIL.--DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,908  
MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05

PLACER COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

	30 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00



IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	6	5	\$ 102.13	\$ 20.43	.167	\$ 17.02	\$ 3.40

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,909
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E		

1,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	929	14,394	\$ 580,480.43	\$ 40.33	10.304	\$ 624.84	\$ 415.52
@PHYSICIANS SERVICES	217	581	\$ 17,638.96	\$ 30.36	.416	\$ 81.29	\$ 12.63
OUTPATIENT VISITS	101	138	5,268.44	38.18	.099	52.16	3.77
OFFICE VISITS	70	93	2,802.91	30.14	.067	40.04	2.01



HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	29	36		2,222.15	61.73	.026	76.63	1.59
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9		243.38	27.04	.006	27.04	.17
INPATIENT VISITS	8	17		850.34	50.02	.012	106.29	.61
HOSPITAL VISITS	8	17		850.34	50.02	.012	106.29	.61
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	6		1,201.03	200.17	.004	300.26	.86
PRINCIPAL SURGEON	1	1		1,042.44	1042.44	.001	1042.44	.75
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	5		158.59	31.72	.004	52.86	.11
OUTPATIENT SURGERY	11	40		1,771.69	44.29	.029	161.06	1.27
PRINCIPAL SURGEON	8	10		1,176.53	117.65	.007	147.07	.84
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	30		595.16	19.84	.021	148.79	.43
DIALYSIS	1	3		169.80	56.60	.002	169.80	.12
PATHOLOGY	9	12		238.68	19.89	.009	26.52	.17
RADIOLOGY	49	94		4,606.96	49.01	.067	94.02	3.30
PSYCHIATRY	2	2		65.96	32.98	.001	32.98	.05
IMMUNIZATION AND INJECTION	3	53		451.36	8.52	.038	150.45	.32
OTHER SERVICES/ALL X-OVERS	88	216		3,014.70	13.96	.155	34.26	2.16
@PHARMACY	633	6,008	\$	201,578.45	\$ 33.55	4.301	\$ 318.45	\$ 144.29
PRESCRIPTION DRUGS	623	2,528		198,268.82	78.43	1.810	318.25	141.92
SNF/ICF	69	463		29,885.59	64.55	.331	433.12	21.39
OUTPATIENTS	556	2,065		168,383.23	81.54	1.478	302.85	120.53
MEDICAL SUPPLIES	28	3,480		3,309.63	.95	2.491	118.20	2.37
@DENTIST	48	220	\$	6,694.60	\$ 30.43	.157	\$ 139.47	\$ 4.79
VISITS - DIAGNOSTIC	32	164		1,889.60	11.52	.117	59.05	1.35
ORAL SURGERY	9	19		1,053.00	55.42	.014	117.00	.75
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	4		436.00	109.00	.003	145.33	.31
ENDODONTICS	1	1		330.00	330.00	.001	330.00	.24
RESTORATIVE DENTISTRY	14	23		1,236.00	53.74	.016	88.29	.88
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	6		1,750.00	291.67	.004	437.50	1.25
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024  
PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

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	1,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19		52	\$ 1,035.59	\$ 19.92	.037	\$ 54.50	\$ .74
DIAGNOSTIC AND ANC. PROCED	8		8	311.27	38.91	.006	38.91	.22
EYE APPLIANCES	15		44	724.32	16.46	.031	48.29	.52
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00



@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.001	\$	16.72	\$	.01
VISITS	1	1		16.72		16.72	.001		16.72		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	13	13	\$	65.67	\$	5.05	.009	\$	5.05	\$	.05
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	13	13		65.67		5.05	.009		5.05		.05
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	1	1	\$	3.52	\$	3.52	.001	\$	3.52	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	120	836	\$	44,658.16	\$	53.42	.598	\$	372.15	\$	31.97
HOSP INPATIENT TOTAL	8	15		27,610.97		1840.73	.011		3451.37		19.76
HSC HOSPITALS	3	10		14,072.00		1407.20	.007		4690.67		10.07
NON-HSC HOSPITAL TOTAL	2	5		11,156.97		2231.39	.004		5578.49		7.99
ACCOMMODATIONS	2	5		3,084.30		616.86	.004		1542.15		2.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	5		3,084.30		616.86	.004		1542.15		2.21
ANCILLARIES	2	0		8,072.67		.00	.000		4036.34		5.78
INPATIENT CROSSOVERS	3	0		2,382.00		.00	.000		794.00		1.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	115	821		17,047.19		20.76	.588		148.24		12.20
MEDICAL	16	25		645.79		25.83	.018		40.36		.46
SURGERY	8	11		348.56		31.69	.008		43.57		.25
PATHOLOGY	47	202		3,192.78		15.81	.145		67.93		2.29
RADIOLOGY	24	35		2,827.05		80.77	.025		117.79		2.02
ROOM USE	53	71		2,619.02		36.89	.051		49.42		1.87
CROSSOVERS/ALL OTH OUTPTNT	58	477		7,413.99		15.54	.341		127.83		5.31
@COUNTY HOSPITAL TOTAL	1	1	\$	33.00	\$	33.00	.001	\$	33.00	\$	.02
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		33.00		33.00	.001		33.00		.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		33.00		33.00	.001		33.00		.02
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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PLACER COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	1,397 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL		119	835	\$ 44,625.16	\$ 53.44	.598	\$ 375.00	\$ 31.94



COMM HOSP INPATIENT TOTAL	8	15		27,610.97	1840.73	.011	3451.37	19.76
HSC HOSPITALS	3	10		14,072.00	1407.20	.007	4690.67	10.07
NON-HSC HOSPITALS TOTAL	2	5		11,156.97	2231.39	.004	5578.49	7.99
ACCOMMODATIONS	2	5		3,084.30	616.86	.004	1542.15	2.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5		3,084.30	616.86	.004	1542.15	2.21
ANCILLARIES	2	0		8,072.67	.00	.000	4036.34	5.78
INPATIENT CROSSOVERS	3	0		2,382.00	.00	.000	794.00	1.71
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	114	820		17,014.19	20.75	.587	149.25	12.18
MEDICAL	16	25		645.79	25.83	.018	40.36	.46
SURGERY	8	11		348.56	31.69	.008	43.57	.25
PATHOLOGY	47	202		3,192.78	15.81	.145	67.93	2.29
RADIOLOGY	24	35		2,827.05	80.77	.025	117.79	2.02
ROOM USE	52	70		2,586.02	36.94	.050	49.73	1.85
CROSSOVERS/ALL OTH OUTPTNT	58	477		7,413.99	15.54	.341	127.83	5.31
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	45	1,415	\$	172,885.45	\$ 122.18	1.013	\$ 3841.90	\$ 123.75
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	45	1,415		172,885.45	122.18	1.013	3841.90	123.75
@INTERMEDIATE CARE FACIL.-DD	16	445	\$	89,096.73	\$ 200.22	.319	\$ 5568.55	\$ 63.78
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	16	445		89,096.73	200.22	.319	5568.55	63.78
@HEMODIALYSIS TOTAL	14	16	\$	5,131.96	\$ 320.75	.011	\$ 366.57	\$ 3.67
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	16		5,131.96	320.75	.011	366.57	3.67
@REHABILITATION FACILITY	1	1	\$	110.17	\$ 110.17	.001	\$ 110.17	\$ .08
HOSPITAL BASED	1	1		110.17	110.17	.001	110.17	.08
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	20	110	\$	1,167.58	\$ 10.61	.079	\$ 58.38	\$ .84
PATHOLOGY	20	110		1,167.58	10.61	.079	58.38	.84
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	68	134	\$	15,036.05	\$ 112.21	.096	\$ 221.12	\$ 10.76
CLINIC	2	15		200.66	13.38	.011	100.33	.14
SURGICENTER	1	5		181.21	36.24	.004	181.21	.13
HEROIN DETOX CLINIC	1	9		104.85	11.65	.006	104.85	.08
RURAL HEALTH CLINIC	64	105		14,549.33	138.57	.075	227.33	10.41

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PLACER COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,397 ELIGIBLES							
@ALL OTHER PROVIDERS	152	4,561	\$ 25,360.82	\$ 5.56	3.265	\$ 166.85	\$ 18.15
DURABLE MED. EQUIP.	4	16	259.49	16.22	.011	64.87	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	37	2,200	7,022.01	3.19	1.575	189.78	5.03



AMBULANCES/AIR TRANS	10	83	1,468.09	17.69	.059	146.81	1.05
OTHER TRANS	26	2,096	5,546.00	2.65	1.500	213.31	3.97
OTHER SERVICES	1	21	7.92	.38	.015	7.92	.01
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	76	5,288.08	69.58	.054	1322.02	3.79
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	21	49	473.36	9.66	.035	22.54	.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3	81.00	27.00	.002	81.00	.06
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.001	45.98	.03
PROSTHETICS	1	2	45.98	22.99	.001	45.98	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	24	97	4,865.80	50.16	.069	202.74	3.48
HOSPICE SERVICES	1	17	2,060.81	121.22	.012	2060.81	1.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	931	3,745.22	4.02	.666	98.56	2.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	1,170	1,519.07	1.30	.838	54.25	1.09
@CALIF. CHILDREN SERVICES*	12	55	\$ 6,066.13	\$ 110.29	.039	\$ 505.51	\$ 4.34
@XOVER EXCLUDING STATE HOSP**	128	798	\$ 20,363.21	\$ 25.52	.571	\$ 159.09	\$ 14.58

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,913
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL	

1,766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,248	20,812	\$ 1,018,814.25	\$ 48.95	11.785	\$ 816.36	\$ 576.91
@PHYSICIANS SERVICES	262	637	\$ 18,870.23	\$ 29.62	.361	\$ 72.02	\$ 10.69
OUTPATIENT VISITS	102	139	5,290.87	38.06	.079	51.87	3.00
OFFICE VISITS	71	94	2,825.34	30.06	.053	39.79	1.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	29	36	2,222.15	61.73	.020	76.63	1.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9	243.38	27.04	.005	27.04	.14
INPATIENT VISITS	8	17	850.34	50.02	.010	106.29	.48
HOSPITAL VISITS	8	17	850.34	50.02	.010	106.29	.48
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	6	1,201.03	200.17	.003	300.26	.68
PRINCIPAL SURGEON	1	1	1,042.44	1042.44	.001	1042.44	.59
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	5	158.59	31.72	.003	52.86	.09
OUTPATIENT SURGERY	11	40	1,771.69	44.29	.023	161.06	1.00
PRINCIPAL SURGEON	8	10	1,176.53	117.65	.006	147.07	.67



ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	30		595.16	19.84	.017	148.79	.34
DIALYSIS	1	3		169.80	56.60	.002	169.80	.10
PATHOLOGY	9	12		238.68	19.89	.007	26.52	.14
RADIOLOGY	49	94		4,606.96	49.01	.053	94.02	2.61
PSYCHIATRY	2	2		65.96	32.98	.001	32.98	.04
IMMUNIZATION AND INJECTION	3	53		451.36	8.52	.030	150.45	.26
OTHER SERVICES/ALL X-OVERS	132	271		4,223.54	15.59	.153	32.00	2.39
@PHARMACY	884	7,873	\$	272,477.95	\$ 34.61	4.458	\$ 308.23	\$ 154.29
PRESCRIPTION DRUGS	872	3,782		267,721.67	70.79	2.142	307.02	151.60
SNF/ICF	182	1,127		65,855.04	58.43	.638	361.84	37.29
OUTPATIENTS	695	2,655		201,866.63	76.03	1.503	290.46	114.31
MEDICAL SUPPLIES	41	4,091		4,756.28	1.16	2.317	116.01	2.69
@DENTIST	63	251	\$	8,936.60	\$ 35.60	.142	\$ 141.85	\$ 5.06
VISITS - DIAGNOSTIC	42	181		2,299.60	12.70	.102	54.75	1.30
ORAL SURGERY	13	26		1,382.00	53.15	.015	106.31	.78
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	3	4		436.00	109.00	.002	145.33	.25
ENDODONTICS	3	3		805.00	268.33	.002	268.33	.46
RESTORATIVE DENTISTRY	16	25		1,314.00	52.56	.014	82.13	.74
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	9		2,700.00	300.00	.005	450.00	1.53
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3		.00	.00	.002	.00	.00

#CALIF DEPT OF HEALTH SERV  
 MOP024  
 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004  
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 SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

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----- MONTHLY AVERAGE -----



1,766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	27	73 \$	1,432.40	\$ 19.62	.041	\$ 53.05	\$ .81
DIAGNOSTIC AND ANC. PROCED	9	9	331.27	36.81	.005	36.81	.19
EYE APPLIANCES	21	61	1,021.67	16.75	.035	48.65	.58
OTHER OPTOMETRIC SERVICES	2	3	79.46	26.49	.002	39.73	.04
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.001	\$ 16.72	\$ .01
VISITS	1	1	16.72	16.72	.001	16.72	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	28	29 \$	164.91	\$ 5.69	.016	\$ 5.89	\$ .09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	28	29	164.91	5.69	.016	5.89	.09
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	1	1 \$	3.52	\$ 3.52	.001	\$ 3.52	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	136	940 \$	47,861.14	\$ 50.92	.532	\$ 351.92	\$ 27.10
HOSP INPATIENT TOTAL	11	15	30,025.83	2001.72	.008	2729.62	17.00
HSC HOSPITALS	3	10	14,072.00	1407.20	.006	4690.67	7.97
NON-HSC HOSPITAL TOTAL	2	5	11,156.97	2231.39	.003	5578.49	6.32
ACCOMMODATIONS	2	5	3,084.30	616.86	.003	1542.15	1.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,084.30	616.86	.003	1542.15	1.75
ANCILLARIES	2	0	8,072.67	.00	.000	4036.34	4.57
INPATIENT CROSSOVERS	6	0	4,796.86	.00	.000	799.48	2.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	128	925	17,835.31	19.28	.524	139.34	10.10
MEDICAL	16	25	645.79	25.83	.014	40.36	.37
SURGERY	8	11	348.56	31.69	.006	43.57	.20
PATHOLOGY	47	202	3,192.78	15.81	.114	67.93	1.81
RADIOLOGY	24	35	2,827.05	80.77	.020	117.79	1.60
ROOM USE	53	71	2,619.02	36.89	.040	49.42	1.48
CROSSOVERS/ALL OTH OUTPTNT	71	581	8,202.11	14.12	.329	115.52	4.64
@COUNTY HOSPITAL TOTAL	1	1 \$	33.00	\$ 33.00	.001	\$ 33.00	\$ .02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.00	33.00	.001	33.00	.02
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.00	33.00	.001	33.00	.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00



1,766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	135	939	\$ 47,828.14	\$ 50.94	.532	\$ 354.28	\$ 27.08
COMM HOSP INPATIENT TOTAL	11	15	30,025.83	2001.72	.008	2729.62	17.00
HSC HOSPITALS	3	10	14,072.00	1407.20	.006	4690.67	7.97
NON-HSC HOSPITALS TOTAL	2	5	11,156.97	2231.39	.003	5578.49	6.32
ACCOMMODATIONS	2	5	3,084.30	616.86	.003	1542.15	1.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,084.30	616.86	.003	1542.15	1.75
ANCILLARIES	2	0	8,072.67	.00	.000	4036.34	4.57
INPATIENT CROSSOVERS	6	0	4,796.86	.00	.000	799.48	2.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	127	924	17,802.31	19.27	.523	140.18	10.08
MEDICAL	16	25	645.79	25.83	.014	40.36	.37
SURGERY	8	11	348.56	31.69	.006	43.57	.20
PATHOLOGY	47	202	3,192.78	15.81	.114	67.93	1.81
RADIOLOGY	24	35	2,827.05	80.77	.020	117.79	1.60
ROOM USE	52	70	2,586.02	36.94	.040	49.73	1.46
CROSSOVERS/ALL OTH OUTPTNT	71	581	8,202.11	14.12	.329	115.52	4.64
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	153	4,221	\$ 524,443.26	\$ 124.25	2.390	\$ 3427.73	\$ 296.97
LEV A-INTERMEDIATE	1	36	1,834.39	50.96	.020	1834.39	1.04
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	152	4,185	522,608.87	124.88	2.370	3438.22	295.93
@INTERMEDIATE CARE FACIL.-DD	16	445	\$ 89,096.73	\$ 200.22	.252	\$ 5568.55	\$ 50.45
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	16	445	89,096.73	200.22	.252	5568.55	50.45
@HEMODIALYSIS TOTAL	15	17	\$ 5,191.33	\$ 305.37	.010	\$ 346.09	\$ 2.94
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	17	5,191.33	305.37	.010	346.09	2.94
@REHABILITATION FACILITY	1	1	\$ 110.17	\$ 110.17	.001	\$ 110.17	\$ .06
HOSPITAL BASED	1	1	110.17	110.17	.001	110.17	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	111	\$ 1,187.92	\$ 10.70	.063	\$ 56.57	\$ .67
PATHOLOGY	21	111	1,187.92	10.70	.063	56.57	.67
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	74	142	\$ 16,011.61	\$ 112.76	.080	\$ 216.37	\$ 9.07
CLINIC	2	15	200.66	13.38	.008	100.33	.11
SURGICENTER	1	5	181.21	36.24	.003	181.21	.10
HEROIN DETOX CLINIC	1	9	104.85	11.65	.005	104.85	.06
RURAL HEALTH CLINIC	70	113	15,524.89	137.39	.064	221.78	8.79

#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

PAGE 9,916 03/14/05

1,766 ELIGIBLES

USERS

UNITS OF SERVICE

EXPENDITURES

AVERAGE COST

MONTHLY AVERAGE  
UNITS/DAYS COST PER COST PER



		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	188	6,070	\$	33,009.76	\$ 5.44	3.437	\$ 175.58	\$ 18.69
DURABLE MED. EQUIP.	7	24		598.47	24.94	.014	85.50	.34
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	47	2,300		7,468.53	3.25	1.302	158.90	4.23
AMBULANCES/AIR TRANS	12	90		1,609.07	17.88	.051	134.09	.91
OTHER TRANS	34	2,182		5,842.76	2.68	1.236	171.85	3.31
OTHER SERVICES	2	28		16.70	.60	.016	8.35	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	76		5,288.08	69.58	.043	1322.02	2.99
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	30	69		766.64	11.11	.039	25.55	.43
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3		81.00	27.00	.002	81.00	.05
PROSTHETIST/ORTHOTISTS	1	2		45.98	22.99	.001	45.98	.03
PROSTHETICS	1	2		45.98	22.99	.001	45.98	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	100		4,964.89	49.65	.057	183.88	2.81
HOSPICE SERVICES	3	71		8,196.29	115.44	.040	2732.10	4.64
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	931		3,745.22	4.02	.527	98.56	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	41	2,494		1,854.66	.74	1.412	45.24	1.05
@CALIF. CHILDREN SERVICES*	12	55	\$	6,066.13	\$ 110.29	.031	\$ 505.51	\$ 3.43
@XOVER EXCLUDING STATE HOSP**	226	1,588	\$	43,827.60	\$ 27.60	.899	\$ 193.93	\$ 24.82

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 #CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004      PAGE 9,917  
 MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
 PLACER COUNTY      SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	252,533 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	147,479	2,453,037	\$	90,075,788.10	\$ 36.72	9.714	\$ 610.77	\$ 356.69
@PHYSICIANS SERVICES	53,193	141,304	\$	6,208,079.41	\$ 43.93	.560	\$ 116.71	\$ 24.58
OUTPATIENT VISITS	36,138	49,734		1,890,260.19	38.01	.197	52.31	7.49
OFFICE VISITS	25,308	32,857		1,042,950.07	31.74	.130	41.21	4.13
HOME VISITS	124	132		4,802.71	36.38	.001	38.73	.02
EMERGENCY ROOM	7,556	8,819		480,536.57	54.49	.035	63.60	1.90
PREVENTIVE CARE	16	16		789.09	49.32	.000	49.32	.00
OB VISITS/COMPRI PERI	2,305	3,850		262,750.57	68.25	.015	113.99	1.04
OTHER OUTPATIENT	3,654	4,060		98,431.18	24.24	.016	26.94	.39
INPATIENT VISITS	2,537	9,308		534,312.69	57.40	.037	210.61	2.12
HOSPITAL VISITS	2,251	7,470		325,958.39	43.64	.030	144.81	1.29
CRITICAL CARE	196	1,522		198,028.15	130.11	.006	1010.35	.78
SNF/ICF/TRANS IP CARE	220	316		10,326.15	32.68	.001	46.94	.04
OPHTHALMOLOGICAL SERVICES	452	584		22,894.40	39.20	.002	50.65	.09
EXAMINATIONS	442	571		22,589.76	39.56	.002	51.11	.09
SERVICES AND MATERIALS	13	13		304.64	23.43	.000	23.43	.00



INPATIENT HOSPITAL SURGERY	2,161	9,640	1,271,612.33	131.91	.038	588.44	5.04
PRINCIPAL SURGEON	1,453	1,769	1,030,913.48	582.77	.007	709.51	4.08
ASSISTANT SURGEON	281	277	52,256.22	188.65	.001	185.97	.21
ANESTHESIOLOGIST	816	7,594	188,442.63	24.81	.030	230.93	.75
OUTPATIENT SURGERY	3,618	7,498	577,198.34	76.98	.030	159.54	2.29
PRINCIPAL SURGEON	3,135	4,054	480,110.74	118.43	.016	153.15	1.90
ASSISTANT SURGEON	39	40	4,514.49	112.86	.000	115.76	.02
ANESTHESIOLOGIST	740	3,404	92,573.11	27.20	.013	125.10	.37
DIALYSIS	101	347	32,005.87	92.24	.001	316.89	.13
PATHOLOGY	3,965	6,078	90,031.73	14.81	.024	22.71	.36
RADIOLOGY	10,048	17,061	963,639.77	56.48	.068	95.90	3.82
PSYCHIATRY	315	348	11,631.79	33.42	.001	36.93	.05
IMMUNIZATION AND INJECTION	1,248	5,625	166,054.17	29.52	.022	133.06	.66
OTHER SERVICES/ALL X-OVERS	11,239	35,081	648,438.13	18.48	.139	57.70	2.57
@PHARMACY	92,471	1,141,027	\$ 29,128,980.03	\$ 25.53	4.518	\$ 315.01	\$ 115.35
PRESCRIPTION DRUGS	91,378	338,208	27,139,117.78	80.24	1.339	297.00	107.47
SNF/ICF	8,216	54,568	3,069,976.45	56.26	.216	373.66	12.16
OUTPATIENTS	83,611	283,640	24,069,141.33	84.86	1.123	287.87	95.31
MEDICAL SUPPLIES	6,212	802,819	1,989,862.25	2.48	3.179	320.33	7.88
@DENTIST	12,897	58,927	\$ 1,991,687.51	\$ 33.80	.233	\$ 154.43	\$ 7.89
VISITS - DIAGNOSTIC	9,345	39,936	591,356.91	14.81	.158	63.28	2.34
ORAL SURGERY	1,775	3,769	194,178.80	51.52	.015	109.40	.77
DRUGS	446	476	10,670.00	22.42	.002	23.92	.04
ANESTHESIA	26	27	2,650.00	98.15	.000	101.92	.01
PERIODONTICS	261	289	29,893.30	103.44	.001	114.53	.12
ENDODONTICS	1,033	1,846	302,017.64	163.61	.007	292.37	1.20
RESTORATIVE DENTISTRY	3,829	10,057	584,562.61	58.12	.040	152.67	2.31
PROSTHETICS	78	82	2,298.50	28.03	.000	29.47	.01
DENTURES, STAYPLATES	615	1,586	224,588.00	141.61	.006	365.18	.89
SPACE MAINTAINERS	84	108	11,298.00	104.61	.000	134.50	.04
MAXILLOFACIAL SERVICES	16	17	6,657.13	391.60	.000	416.07	.03
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.00
ORTHODONTIC SERVICES	287	388	28,941.62	74.59	.002	100.84	.11
ALL OTHER SERVICES	364	345	1,875.00	5.43	.001	5.15	.01

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PLACER COUNTY      SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	252,533 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3,454	9,404	\$	210,129.70	\$ 22.34	.037	\$ 60.84	\$ .83
DIAGNOSTIC AND ANC. PROCED	1,933	2,007		84,402.82	42.05	.008	43.66	.33
EYE APPLIANCES	2,467	6,939		112,667.98	16.24	.027	45.67	.45
OTHER OPTOMETRIC SERVICES	306	458		13,058.90	28.51	.002	42.68	.05
@CHIROPRACTOR	444	731	\$	12,104.19	\$ 16.56	.003	\$ 27.26	\$ .05
VISITS	435	719		11,938.08	16.60	.003	27.44	.05
OTHER SERVICES	9	12		166.11	13.84	.000	18.46	.00
@PODIATRIST	1,699	2,259	\$	32,094.80	\$ 14.21	.009	\$ 18.89	\$ .13
MEDICINE/INJECTIONS	291	337		11,730.74	34.81	.001	40.31	.05
SURGERY/ANES.	19	23		2,776.49	120.72	.000	146.13	.01
RADIO./PATHOLOGY	12	15		269.06	17.94	.000	22.42	.00
OTHER	1,409	1,884		17,318.51	9.19	.007	12.29	.07
@HOME HEALTH AGENCY	498	28,474	\$	922,108.32	\$ 32.38	.113	\$ 1851.62	\$ 3.65
NURSE ANESTHESIST	18	192	\$	969.47	\$ 5.05	.001	\$ 53.86	\$ .00
NURSE MIDWIFE	21	154	\$	5,890.99	\$ 38.25	.001	\$ 280.52	\$ .02
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00



FAMILY NURSE PRACTITIONER	92	250	\$	6,064.11	\$	24.26	.001	\$	65.91	\$	.02
@TOTAL HOSPITAL	22,630	119,467	\$	15,622,334.80	\$	130.77	.473	\$	690.34	\$	61.86
HOSP INPATIENT TOTAL	2,448	9,294		12,927,609.13		1390.96	.037		5280.89		51.19
HSC HOSPITALS	1,439	6,378		8,202,350.19		1286.04	.025		5700.03		32.48
NON-HSC HOSPITAL TOTAL	635	2,916		4,335,170.52		1486.68	.012		6827.04		17.17
ACCOMMODATIONS	635	2,916		1,619,277.81		555.31	.012		2550.04		6.41
ADMINISTRATIVE DAYS	4	25		5,666.72		226.67	.000		1416.68		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	631	2,891		1,613,611.09		558.15	.011		2557.23		6.39
ANCILLARIES	635	0		2,715,892.71		.00	.000		4277.00		10.75
INPATIENT CROSSOVERS	403	0		390,088.42		.00	.000		967.96		1.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	21,054	110,173		2,694,725.67		24.46	.436		127.99		10.67
MEDICAL	2,839	4,431		181,314.61		40.92	.018		63.87		.72
SURGERY	1,827	2,156		78,384.06		36.36	.009		42.90		.31
PATHOLOGY	7,847	36,202		379,840.06		10.49	.143		48.41		1.50
RADIOLOGY	4,566	6,796		518,305.67		76.27	.027		113.51		2.05
ROOM USE	12,545	16,431		607,261.95		36.96	.065		48.41		2.40
CROSSOVERS/ALL OTH OUTPTNT	8,899	44,157		929,619.32		21.05	.175		104.46		3.68
@COUNTY HOSPITAL TOTAL	76	436	\$	84,600.27	\$	194.04	.002	\$	1113.16	\$	.34
CO HOSPITAL INPATIENT TOTAL	9	95		73,947.58		778.40	.000		8216.40		.29
HSC HOSPITALS	5	15		18,634.02		1242.27	.000		3726.80		.07
NON-HSC HOSPITALS TOTAL	4	80		55,313.56		691.42	.000		13828.39		.22
ACCOMMODATIONS	4	80		18,504.00		231.30	.000		4626.00		.07
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	80		18,504.00		231.30	.000		4626.00		.07
ANCILLARIES	4	0		36,809.56		.00	.000		9202.39		.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	68	341		10,652.69		31.24	.001		156.66		.04
MEDICAL	22	32		1,065.04		33.28	.000		48.41		.00



SURGERY	15	22	984.01	44.73	.000	65.60	.00
PATHOLOGY	28	123	2,276.61	18.51	.000	81.31	.01
RADIOLOGY	5	6	285.39	47.57	.000	57.08	.00
ROOM USE	43	80	3,956.52	49.46	.000	92.01	.02
CROSSOVERS/ALL OTH OUTPTNT	29	78	2,085.12	26.73	.000	71.90	.01

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MOP024      FEE-FOR-SERVICE/DENTAL      03/14/05  
PLACER COUNTY      SUMMARY OF SERVICES FOR TOTAL CERTIFIED

		----- MONTHLY AVERAGE -----						
252,533 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	22,561	119,031	\$ 15,537,734.53	\$ 130.54	.471	\$ 688.70	\$ 61.53	
COMM HOSP INPATIENT TOTAL	2,440	9,199	12,853,661.55	1397.29	.036	5267.89	50.90	
HSC HOSPITALS	1,435	6,363	8,183,716.17	1286.14	.025	5702.94	32.41	
NON-HSC HOSPITALS TOTAL	631	2,836	4,279,856.96	1509.12	.011	6782.66	16.95	
ACCOMMODATIONS	631	2,836	1,600,773.81	564.45	.011	2536.88	6.34	
ADMINISTRATIVE DAYS	4	25	5,666.72	226.67	.000	1416.68	.02	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	627	2,811	1,595,107.09	567.45	.011	2544.03	6.32	
ANCILLARIES	631	0	2,679,083.15	.00	.000	4245.77	10.61	
INPATIENT CROSSOVERS	403	0	390,088.42	.00	.000	967.96	1.54	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	20,992	109,832	2,684,072.98	24.44	.435	127.86	10.63	
MEDICAL	2,817	4,399	180,249.57	40.98	.017	63.99	.71	
SURGERY	1,812	2,134	77,400.05	36.27	.008	42.72	.31	
PATHOLOGY	7,820	36,079	377,563.45	10.46	.143	48.28	1.50	
RADIOLOGY	4,562	6,790	518,020.28	76.29	.027	113.55	2.05	
ROOM USE	12,505	16,351	603,305.43	36.90	.065	48.25	2.39	
CROSSOVERS/ALL OTH OUTPTNT	8,873	44,079	927,534.20	21.04	.175	104.53	3.67	
@STATE HOSPITAL	12	366	\$ 191,328.28	\$ 522.75	.001	\$ 15944.02	\$ .76	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	12	366	191,328.28	522.75	.001	15944.02	.76	
@NURSING FACILITY	7,987	253,516	\$ 25,281,631.81	\$ 99.72	1.004	\$ 3165.35	\$ 100.11	
LEV A-INTERMEDIATE	44	1,347	76,009.34	56.43	.005	1727.49	.30	
LEV B-REHAB MD	23	784	74,580.80	95.13	.003	3242.64	.30	
LEV B-SUBACUTE FREESTANDING	2	39	14,286.48	366.32	.000	7143.24	.06	
LEV B-SUBACUTE HSPTL BASED	22	821	445,975.65	543.21	.003	20271.62	1.77	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	7,898	250,525	24,670,779.54	98.48	.992	3123.67	97.69	
@INTERMEDIATE CARE FACIL.-DD	468	14,255	\$ 2,630,356.49	\$ 184.52	.056	\$ 5620.42	\$ 10.42	
ICF DDH	149	4,525	715,024.26	158.02	.018	4798.82	2.83	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	319	9,730	1,915,332.23	196.85	.039	6004.18	7.58	
@HEMODIALYSIS TOTAL	475	9,756	\$ 539,889.30	\$ 55.34	.039	\$ 1136.61	\$ 2.14	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	475	9,756	539,889.30	55.34	.039	1136.61	2.14	
@REHABILITATION FACILITY	92	467	\$ 11,872.95	\$ 25.42	.002	\$ 129.05	\$ .05	
HOSPITAL BASED	75	279	8,907.14	31.93	.001	118.76	.04	
INDEPENDENT FACILITY	17	188	2,965.81	15.78	.001	174.46	.01	
@LABORATORY FACILITY	9,934	32,046	\$ 428,547.38	\$ 13.37	.127	\$ 43.14	\$ 1.70	
PATHOLOGY	9,860	31,848	427,440.65	13.42	.126	43.35	1.69	
XO AND OTHERS	74	198	1,106.73	5.59	.001	14.96	.00	
@ORGANIZED OUTPATIENT CLINIC	13,400	26,294	\$ 3,062,983.12	\$ 116.49	.104	\$ 228.58	\$ 12.13	
CLINIC	2,673	8,685	279,577.83	32.19	.034	104.59	1.11	
SURGICENTER	376	1,694	74,793.66	44.15	.007	198.92	.30	
HEROIN DETOX CLINIC	6	81	1,003.18	12.38	.000	167.20	.00	



RURAL HEALTH CLINIC  
 #CALIF DEPT OF HEALTH SERV  
 MOP024  
 PLACER COUNTY

10,478                      15,834                      2,707,608.45                      171.00                      .063                      258.41                      10.72  
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004                      PAGE 9,920  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR TOTAL CERTIFIED                      03/14/05

----- MONTHLY AVERAGE -----							
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
252,533 ELIGIBLES							
@ALL OTHER PROVIDERS	15,621	614,148	\$ 3,788,735.44	\$ 6.17	2.432	\$ 242.54	\$ 15.00
DURABLE MED. EQUIP.	1,211	4,577	495,840.51	108.33	.018	409.45	1.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	61	70	20,042.72	286.32	.000	328.57	.08
MEDICAL TRANSPORTATION	2,742	116,349	577,312.98	4.96	.461	210.54	2.29
AMBULANCES/AIR TRANS	1,470	12,550	213,920.25	17.05	.050	145.52	.85
OTHER TRANS	1,258	103,370	314,198.59	3.04	.409	249.76	1.24
OTHER SERVICES	119	429	49,194.14	114.67	.002	413.40	.19
ACUPUNCTURE	44	139	2,458.61	17.69	.001	55.88	.01
ADULT DAY HEALTH CARE CTR	1,004	15,278	1,059,753.83	69.36	.060	1055.53	4.20
GENETIC DISEASE TESTING	478	479	50,295.00	105.00	.002	105.22	.20
IHMC,MODEL-NF,NF,AIDS,MSSP	301	5,608	237,363.79	42.33	.022	788.58	.94
OCCUPATIONAL THERAPIST	24	391	2,092.15	5.35	.002	87.17	.01
OPTICIAN	2,559	5,570	57,945.61	10.40	.022	22.64	.23
PHYSICAL THERAPIST	14	88	1,296.26	14.73	.000	92.59	.01
PORTABLE X-RAY	209	356	1,320.43	3.71	.001	6.32	.01
PROSTHETIST/ORTHOTISTS	163	370	44,896.74	121.34	.001	275.44	.18
PROSTHETICS	163	370	44,896.74	121.34	.001	275.44	.18
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	44	95	3,425.33	36.06	.000	77.85	.01
SPEECH AND AUDIOLOGY	1,462	5,703	257,439.15	45.14	.023	176.09	1.02
HOSPICE SERVICES	138	3,395	399,604.86	117.70	.013	2895.69	1.58
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,808	62,874	299,639.23	4.77	.249	106.71	1.19
EPSDT SUPPLEMENTAL SERVICE	12	917	26,968.79	29.41	.004	2247.40	.11
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,427	391,889	251,039.45	.64	1.552	73.25	.99
@CALIF. CHILDREN SERVICES*	1,578	66,963	\$ 3,984,803.09	\$ 59.51	.265	\$ 2525.22	\$ 15.78
@XOVER EXCLUDING STATE HOSP**	12,438	114,833	\$ 1,786,884.03	\$ 15.56	.455	\$ 143.66	\$ 7.08

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.